

Heidi W. Abbott, Chairperson
Tamara Neo, Secretary
Anthony W. Bailey
William C. Boshert, Jr.
David R. Hines
Helvi L. Holland
Robyn Diehl McDougale
Kenneth W. Stolle



Post Office Box 1110
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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

Board Meeting

November 13, 2013

**Department of Juvenile Justice
600 East Main Street, 12th Floor Conference Room South
Richmond, Virginia**

A G E N D A

9:30 a.m. Board Meeting

- 1. CALL TO ORDER**
- 2. INTRODUCTIONS**
- 3. APPROVAL of June 12, 2013, MINUTES (Pages 3-13)**
- 4. PUBLIC COMMENT**
- 5. CERTIFICATION REPORTS**

Secure Committee

Issues

- ✓ Bon Air Juvenile Correctional Center Status Report (Pages 14-21)

Non-secure Committee

Issues

- ✓ Crossroads Community Youth Home Status Report (Pages 22-31)

6. OTHER BUSINESS

- A. Designation of 2014 Board Meeting Dates (Page 32)**
- B. Lynchburg Juvenile Services Group Home Needs Assessment (Pages 33-43)**
- C. Request for Notice of Intended Regulatory Action (Pages 44-47)**
- D. Request for Designation of Critical Regulatory Requirements (Pages 48-97)**
- E. Regulatory Update (Pages 98-99)**
- F. Education Update (Pages 100-105)**

7. DIRECTOR REMARKS AND BOARD COMMENTS

8. ELECTION OF OFFICERS

9. NEXT MEETING

January 7, 2014, Department of Juvenile Justice, Central Office, 600 East Main Street,
Richmond, Virginia 23219

10. ADJOURN

GUIDELINES FOR PUBLIC COMMENT

1. The Board of Juvenile Justice is pleased to receive public comment at each of its regular meetings. In order to allow the Board sufficient time for its other business, the total time allotted to public comment will be limited to thirty (30) minutes at the beginning of the meeting with additional time allotted at the end of the meeting for individuals who have not had a chance to be heard. Speakers will be limited to 10 minutes each with shorter time frames provided at the Chairman's discretion to accommodate large numbers of speakers.
2. Those wishing to speak to the Board are strongly encouraged to contact Wendy Hoffman at 804-588-3903 three or more business days prior to the meeting. Persons not registered prior to the day of the Board meeting will speak after those who have pre-registered. Normally, speakers will be scheduled in the order that their requests are received. Where issues involving a variety of views are presented before the Board, the Board reserves the right to allocate the time available so as to insure that the Board hears from different points of view on any particular issue. Groups wishing to address a single subject are urged to designate a spokesperson. Speakers are urged to confine their comments to topics relevant to the Board's purview.
3. In order to make the limited time available most effective, speakers are urged to provide multiple written copies of their comments or other material amplifying their views. Please provide at least 15 written copies if you are able to do so.

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COMMONWEALTH
of
VIRGINIA

Board of Juvenile Justice

****DRAFT****

MEETING MINUTES

Board Meeting

June 12, 2013

Department of Juvenile Justice
Central Office – 12th Floor Conference Room South
600 East Main Street
Richmond, Virginia 23219

Board Members Present: Heidi Abbott, Barbara Myers, Tamara Neo, and Justin Wilson.

DJJ Staff Present: Mark Gooch, Lionel Jackson, Daryl Francis, Ralph Thomas, Deron Phipps, Lara Jacobs, Barbara Peterson-Wilson, Joy Lugar, Ken Bailey, Greg Davy, Mark Murphy, Scott Reiner, Mike Favale, Wendy Hoffman, Angela Valentine, Regina Hurt, Joyce Holman, Jackie Nelson, Deborah Hayes, Andrea McMahon, Christina Hall, Katherine Farmer, Andrew Slater.

Guests Present: Patrick Ryan, Liane Rozzell, Letta Jones, Jack Scott, Rodney Baskerville, Charles R. Lampkins Sr., Brian McCoy, Ronald C. Wallace, Megan Durkee, Kate Duvall, Tracey Jenkins, Charles J. Kehoe, Barry Green, Pat Bryan, Susan Oliver, Carolyn Brown, Kandise Lucas, Shunda Giles, Rufus Fleming, Rhonda Gilmer, Frank Green.

CALL TO ORDER

Chairperson Abbott called the meeting to order at 10:03 a.m.

INTRODUCTIONS

Chairperson Abbott welcomed everyone and asked the individuals present to introduce themselves.

APPROVAL of April 10, 2013, MINUTES

The minutes of the April 10, 2013, Board meeting were presented for approval. On MOTION duly made by Barbara Myers and seconded by Justin Wilson to approve the minutes as presented. Motion carried.

SPECIAL PRESENTATION BY THE BOARD

Chairperson Abbott advised that, at the April 10, 2013, Board meeting, the Board members introduced and passed a resolution honoring long-time colleague and Board Secretary Deborah Canada Hayes. Chairperson Abbott read the resolution and presented the proclamation to Ms. Hayes.

PUBLIC COMMENT

Patrick Ryan, JustChilderen

Mr. Ryan's comments are attached and are available upon request.

Liane Rozzell, Families and Allies of Virginia's Youth

Ms. Rozzell discussed family engagement and presented to the Board and Director Gooch a copy of a workbook prepared by the Campaign for Youth Justice. Ms. Rozzell encouraged the Board to order the workbook entitled, "Family Comes First: A Workbook to Transform the Justice System by Partnering With Families" available from Amazon. The workbook focuses on the acronym "FAMILY" – F is for Families having a primary decision making role in the juvenile's care and case as well as the policies and the procedures governing juveniles involved in the justice system. A is for Access to a continuum of services for families. M is for laws and policies that meet the Mutual goals addressing the family's need. I is for Interagency cooperation. L is for Leadership in engaging families. Y is for Youth fully prepared for the future.

The Board asked for more information on the organization that developed the workbook, Campaign for Youth Justice. Ms. Rozzell responded that Campaign for Youth Justice is a national advocacy organization who is dedicated to ending the practice of trying, sentencing, and incarcerating youth under the age of 18 in the adult criminal justice system.

Kandise Lucas, PH.D, Teachers Behind Bars

Ms. Lucas stated she was a Columnist with "Education News" and encouraged the Board to read an article she wrote dealing with fraud, waste, and corruption at the Department of Juvenile Justice (DJJ). Ms. Lucas spoke about the results of the Virginia Department of Education audit on the educational program at DJJ. Specifically, outlining the significant discrepancies as well as non-compliance issues as it relates to special needs students. Ms.

Lucas went on to discuss her concerns that the needs of special needs students are not being met. Ms. Lucas summarized the recommendations by the Virginia Department of Education in their audit. Ms. Lucas noted that she also had suggested these improvements during her tenure with the Department of Correctional Education. Ms. Lucas also commented on her concerns regarding DJJ terminating teachers in the middle of the school year.

There were no other speakers and the public comment period was closed.

CERTIFICATION REPORTS

Secure Committee:

Certifications

Bon Air Juvenile Correctional Center

The audit conducted on November 29, 2012, reflected seven deficiencies. Five of those deficiencies were mandatory standards in the area of medical services and two were non-mandatory standards. Follow up reviews were conducted on February 26, 2013, and May 1, 2013. The certification report provided to the Board contains a recommendation that Bon Air Juvenile Correctional Center (JCC) be placed on probation because the May 1 monitoring visit found Bon Air JCC non-compliant in that one area (medical services). However, between the submission of the recommendation and the Board meeting, staff conducted a follow-up review on June 7 wherein 15 randomly selected medical files were reviewed. During this review, the files were found to be in compliance. Mr. Bailey explained to the Board that the Certification Team is changing their recommendation to certify Bon Air JCC for three years with a status report on compliance with the corrective action plan in June 2014. The Certification Team will continue to conduct monitoring visits, specifically focusing on medical files, to ensure Bon Air JCC is demonstrating compliance.

A question was raised by the Board if Mr. Bailey is confident that the proper procedures are in place now and the problem has been corrected. Mr. Bailey acknowledged that Bon Air JCC had undergone a tremendous change in personnel especially in the medical area, noting the hiring of a new Health Services Administrator, Mark Murphy. Other improvements include the development of new health services procedures to replace old procedures, controls to monitor the administration of medication, and responses to resident's medical requests are handled in a timely fashion. Bon Air JCC has demonstrated excellent compliance.

The Board requested Mark Murphy address the Board.

Mark Murphy noted that the medical department is codifying practices and updating procedures so all facilities are consistent in their use. By October 2013, DJJ should be using an electronic medical administration record that will assist in ensuring 100% accuracy in

transcription orders. Doctors will be able to enter their order into the computer system which will go directly to the pharmacy; the pharmacy will then electronically update the Medical Administration Report (MAR). This will dramatically improve the accuracy in the MARs. In addition, the medical department is instituting more internal controls such as nurses reviewing each other's work and us developing the correct leadership structure at Bon Air JCC.

A question was raised by the Board on the checks and balances going forward? Deron Phipps reported that, back in October, an audit was conducted on all DJJ facilities by the American Correctional Association (ACA). Based on the ACA's recommendations, DJJ established the Health Services Oversight Committee. The group meets monthly to review the progress of the health care services within the facilities and develop work plans, as appropriate and applicable. The Health Services Oversight Committee will continue indefinitely until DJJ is confident that the provisions of health care services are institutionalized.

Mr. Bailey noted that the Certification Team will continue to conduct random assessments of medical files at Bon Air JCC as well as other facilities to ensure corrective action plans have been implemented.

The Board asked Mr. Bailey how he selects the cases to audit. Mr. Bailey reported that the cases are randomly selected through the use of a computer program.

The Board asked Mr. Bailey what log books he reviewed last Friday, June 7 in his monitoring review? Mr. Bailey replied that the Certification Team did not review the log books mentioned in the report. The log book deficiency was a non-mandatory standard in which they showed significant improvement. The Certification Team reviewed the mandatory standard, administration of medication, on which the facility had not demonstrated compliance. The Certification Team pulled 15 files and reviewed the MARs for May; the facility demonstrated 100% compliance on the reviewed MARs.

The Board followed up with a question as to the time period of the review. Mr. Bailey reported that MARs are printed on a monthly basis, so the Certification Team reviews files from the last review to the present. The Certification Team is confident that Bon Air JCC has fully demonstrated 100% compliance with the mandatory standards as of June 7. Based on the chart of the Board's current certification actions and the requirements of 6VAC35-20-100, Bon Air JCC is eligible for a three year certification, retroactive to the date the prior certification lapsed.

A question was asked by the Board on the status reports. Mr. Bailey told the Board that the status report would include an update on any non-compliant issues and on their corrective action plan initiatives.

The Board expressed concern that the facility was not compliant with the same mandatory standard in February and May, but suddenly on June 7 the facility is fully compliant. Mr. Bailey told the Board he will provide a status report on that mandatory standard at the September meeting.

On MOTION duly made by Justin Wilson and seconded by Barbara Myers to certify Bon Air JCC for three years with a status report on compliance with the corrective action plan at the September 11, 2013, board meeting. Motion passed.

New River Valley Juvenile Detention Home

The audit conducted on January 9, 2013, reflected four deficiencies all in the area of medical services. Three of those deficiencies were mandatory and one was non-mandatory. One repeat deficiency was noted from the previous audit in January 2010. Mr. Bailey reported that during the monitoring review on April 2, 2013, that all deficiencies were found to be in compliance.

The Board was concerned with the information printed on a MAR. Mr. Bailey replied that a MAR is different at a juvenile detention center (JDC) then at a JCC, where the information is printed directly on the MAR. In JDCs, the nurse has to transcribe the information from the physician's order to a MAR. This is where the human error occurs and the information is not always accurately transferred to the MAR.

On MOTION duly made by Barbara Myers and seconded by Tamara Neo to certify the New River Valley Juvenile Detention Home and Post-Disposition Detention Program for three years. Motion passed.

Richmond Juvenile Detention Center (RJDC)

Richmond Juvenile Detention Center operated from 1996 until it was closed on April 27, 2012, due to allegations of broken equipment, lack of staff training, and improper care of residents. The facility has applied to re-open on the site of the old RJDC.

Mr. Bailey noted that this is a totally new program; RJDC may have moved into the old building but this program has new administration, new staff, and new procedures that meet all the regulatory requirements. Staff has been extensively evaluated with background checks performed. The facility has developed a detailed training manual. At the time of the Certification Team's review, training records were evaluated and found in great condition. The Team checked every intercom, every lock, and every water faucet; no problems were found in the facility. However, the Certification Team was not able to review certain things, such as medical records because no residents were in place. This is taken into account in the actions available to the Board in the Certification Regulations to allow for Conditional Certification. The Certification Team will look at these areas at their next monitoring visit.

Mr. Bailey is recommending the Board certify the RJDC for 6 months as a new facility. The Certification Team will audit the facility in October and review areas they were not able to review before and report back to the Board at its January meeting.

The Board asked a question about handling new facilities. Mr. Bailey answered that typically a new facility is initially inspected with a short term certification. This allows the facility to become operational.

The Board invited Mr. Hicks to speak.

David Hicks introduced himself as the Director of Justice Services for the City of Richmond (City). Mr. Hicks noted that this has been a long and painful journey/experience for the City. The City's intention is to open a new program with a much stronger facility that just happens to be in the same location as the old RJDC.

At the time of the RJDC closure last year, the City had to arrange to transport 48 residents to other facilities. The City was able to find accommodations for all their residents with sister facilities and were able to forge relationships with them to learn lessons on operating a successful program. Mr. Hicks requested the Board to allow the City to reopen the facility.

The Board asked Mr. Hicks how he envisioned the transition. Mr. Hicks noted that the City has a reentry plan for the children that are currently being housed at six facilities across the state. RJDC will begin the reentry process on July 1. They will gradually bring the residents back. The new employees of RJDC have been building relationships with the residents in anticipation of the reentry process to help facilitate an easy transition. Mr. Hicks would like to have all the residents at the facility by the end of July. He will take into consideration the length of stay the resident has left and the fiscal implications before moving them back.

The Board inquired about the number of employees and the facility's intercom problem. At the time of review, Mr. Bailey reviewed 45 current employees. The Center has hired on additional employees increasing the number to 72. The Certification Team will review those new staff hires when they return for their monitoring visit. Intercoms have been a problem in the past, but issues have been resolved with a new contractor.

The Board asked about the new personnel if they were new to the field or if they were experienced. Mr. Hicks noted it is a good mixture with experience in the field.

The Board commended Mr. Hicks and his employees for their hard work and optimism.

On MOTION duly made by Justin Wilson and seconded by Barbara Myers to certify RJDC until January 8, 2014. Motion passed.

Shenandoah Valley Juvenile Center

The audit conducted on January 15, 2013, reflected two deficiencies. One of those deficiencies was mandatory and the other was non-mandatory. Mr. Bailey reported that during the monitoring review on April 18, 2013, that all deficiencies were found to be in compliance. On MOTION duly made by Tamara Neo and seconded by Barbara Myers to certify Shenandoah Valley Juvenile Center for three years. Motion passed.

Issues

Newport News Juvenile Detention Home Status Report

At the January 9, 2013, Board meeting, the Newport News Juvenile Detention Home (NNJDC) was certified for one year with a status report due at the June 12, 2013, Board meeting. The facility amended its corrective action plan to require a manual room check verification program. Monitoring visits were conducted on February 27, 2013, and April 25, 2013. Confinement forms were reviewed on both dates and there were no areas of non-compliance. At the January meeting, the Board suggested that NNJDC be approved for certification for one year with the requirement that NNJDC use a manual system to complete room checks because their electronic system was not registering data. The Certification Team has completed a status report since that January meeting and NNJDC is 100% compliance with their manual room checks.

Variance Request

Mr. Bailey asked the Board and they agreed to hear an added agenda item on a variance request.

With the realignment and closure of DJJ JCCs, DJJ is planning to operate the Work Education Release Program (WERP) in Caskie and Beattie Cottage located at Beaumont JCC. The residents that participate in the program have historically been housed separately from the general population because participants leave the facility to attend class and to work. A variance has been requested for Caskie and Beattie cottage to provide Beaumont the ability to expand the WERP. Beaumont JCC does not have a variance because Caskie and Beattie Cottages have not been used as a residential unit. The variance would allow the DJJ to transition the WERP to Caskie and Beattie Cottage at Beaumont JCC. Building A3 at the Bon Air campus is being repurposed to be used as emergency overflow. A variance would allow DJJ to utilize A3 as an emergency shelter for the residents at the Reception and Diagnostic Center and locally operated JDCs. DJJ is requesting the Board approve a variance from 6VAC35-51-480 (B), which restricts the number of residents who may share a bedroom or sleeping area to four individuals and allow the DJJ to use dormitory style sleeping areas.

A quorum was not present to vote on the motion.

Non-secure Committee:

Certifications

Crossroads Community Youth Home

The audit conducted on Crossroads Community Youth Home (Home) on December 5, 2012, reflected eight deficiencies. Five of those deficiencies were mandatory and three were non-mandatory. One of the deficiencies was from a previous audit conducted in December 2009. Mr. Bailey reported that during the monitoring review on February 27, 2013, six deficiencies were found to be in compliance, one was found to be not determinable, and one was non-compliant. On a May 2, 2013, monitoring review, the not determinable deficiency was found to be in compliant and the one deficiency was again found to be non-compliant in the medication administration area. Mr. Bailey conducted a monitoring visit on June 6, 2013. The Certification Team reviewed all the MARs since the May visit and believe the Home has put together an excellent system of documenting its MARs. Mr. Bailey reviewed 13 MARs on June 6th and found them in compliance with the regulation. The Certification Team's recommendation is to certify the program for three years with a status report in June 2014.

A quorum was not present to vote on the motion.

Shenandoah Valley Juvenile Shelter and Assessment Center

The audit conducted on January 16, 2013, reflected three deficiencies. One of those deficiencies was mandatory and the other two were non-mandatory. Mr. Bailey reported that during the monitoring review on April 18, 2013, that all deficiencies were found to be in compliant.

A quorum was not present to vote on the motion.

Issues

None

OTHER BUSINESS

Request for Designation of Critical Regulatory Requirements at September 11, 2013, Board Meeting

Barbara Peterson-Wilson reported that at the last Board meeting, DJJ requested the Board be prepared to vote on the critical mandatory regulations. DJJ hoped that these regulations would have been approved through the Executive Branch Review and published in the *Virginia Register* so that the Board could have taken action on them today. DJJ is hopeful the regulations will advance in the near future. Accordingly, it is requested that the Board place in the September Board meeting agenda the designation of critical regulatory requirements. The Board agreed.

A quorum is now present for the Board and will hear the previous motions.

A MOTION duly made by Barbara Myers and seconded by Justin Wilson on granting a variance to the requirements of 6VAC35-51-480.B, allowing DJJ to use dormitory style sleeping areas in the following buildings: Caskie and Beattie Cottages at Beaumont JCC and Unit A3 at Bon Air JCC. Motion passed.

A MOTION duly made by Justin Wilson and seconded by Barbara Myers to certify Crossroads Community Youth Home for three years with a status report on compliance with the corrective action plan at the November Board meeting. Motion passed.

A MOTION duly made by Justin Wilson and seconded by Barbara Myers to certify Shenandoah Valley Juvenile Shelter and Assessment Center for three years. Motion passed.

VJCCCA Plan Approvals

Angela Valentine outlined the VJCCCA plans for 2014 fiscal year approval and one plan amendment.

Charlottesville/Albemarle: The service cost and projected numbers are comparable to other localities. DJJ recommends approval.

Fairfax: Fairfax added a new program for this fiscal year to meet their reentry needs. It was noted that their money projections and per diem rates are higher than other plans. DJJ requested Fairfax review their per diem rates. The Board was asked to take in consideration that Fairfax's total budget is \$6.5 million dollars for their VJCCCA plan, but their state allocation is only \$613,000. DJJ recommends approval.

Franklin County: Franklin County has determined that their highest need is in the area of outreach and electronic monitoring services. DJJ recommends approval.

City of Richmond: Last year the 13th District Court Service Unit and Judges disagreed on the VJCCCA plan, opted for a one year plan, and agreed to work on improving their communication. There has been major improvement with the new Administration and all have agreed to this year's plan. DJJ recommends approval.

Westmoreland County: Westmoreland County closed its group home and redistributed the funding. DJJ was uncomfortable recommending approval for two years until DJJ could assess the redistribution of funds, which was completed last year. The DJJ VJCCCA Coordinator has met with Westmoreland County and the County has promised to improve their budget practices. DJJ recommends approval.

King William County made an amendment to their 2014 plan in the area of Substance Abuse Assessment. DJJ recommends approval.

A MOTION was duly made by Barbara Myers and seconded by Justin Wilson to approve the 2014 VJCCCA Plan for Charlottesville, Albemarle (combined), Fairfax County/City (combined), Franklin County, Richmond City, and Westmoreland combined. Motion passed.

A MOTION was duly made by Barbara Myers and seconded by Tamara Neo to approve the amended 2014 VJCCA Plan for King William. Motion passed.

The Board's oversight over the components of the Division of Education

Lara Jacobs, Assistant Attorney General, reported that, at the last board meeting, the Board asked a general question on their authority regarding the DJJ Division of Education since it was a new component to the DJJ. The general idea is that the Board has the same authority over the Division of Education as it has over the rest of DJJ. The substantive regulations governing educational requirements are controlled by the Virginia Department of Education. Nothing this Board puts forth as a regulation can conflict with the Virginia Department of Education regulations. If there is a concern the Board has, the Board can request information from DJJ. If the Board is not happy with the response or actions, the Board's recourse is to contact the Governor.

Director Gooch reported to the Board that a complaint was filed on a DJJ facility. Due to this complaint, Director Gooch asked the Virginia Department of Education to conduct an audit sooner than the regular scheduled audit later in the year. It is the responsibility of DJJ to develop a corrective action plan on any non-compliance issue found in this audit. It is not the responsibility of the Board and Mr. Bailey will not add this to his certification audit reports. If an individual is unhappy with results of a complaint they have filed with DJJ, then their next step is to contact the Virginia Board of Education.

Barbara Peterson-Wilson stated that DJJ regulations on education deal with what is to be provided such as adequate space, study space, etc. The regulations are more functional than academic. The Board asked Ms. Peterson-Wilson to identify these regulations and provide them more information.

The Board also requested a copy of the former Department of Education Board policies, the Virginia Department of Education audits, and DJJ's corrective action plan. The Director agreed that these can be provided to the Board.

The Board inquired if a parent is unhappy with their child's education needs, where do they issue their complaint. Director Gooch noted that the parent can discuss their concerns with the DJJ. If they are unhappy with those results, they can issue a complaint with the Virginia Department of Education.

EXECUTIVE SESSION

On MOTION duly made by Barbara Myers and seconded by Tamara Neo to move the Board reconvene in Executive Closed Session, pursuant to Section 2.2-3711 (A), for discussion of personnel matters and for consultation with legal counsel and briefings by staff members, consultants or attorneys, pertaining to actual or probable litigation, or other specific legal matters requiring the provision of legal advice by counsel. Motion carried.

Upon conclusion of the Executive Closed Session, Board Members individually certified that to the best of their knowledge: (1) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the Executive Meeting, and (2) only such public business matters as were identified in the motion convening the Executive Meeting were heard, discussed, or considered. Ms. Abbott, Ms. Myers, Ms. Neo, Mr. Wilson verbally certified.

BOARD COMMENTS

Justin Wilson thanked the Board and DJJ for the privilege of serving seven years. Mr. Wilson has learned a lot and will miss being involved. The Board thanked Mr. Wilson for his service.

NEXT MEETING

Wednesday, September 11, 2013, location TBD

ADJOURN

Having no other business, Chairperson Abbott adjourned the meeting at 12:55 p.m. without objection.

**CERTIFICATION STATUS REPORT
TO THE
BOARD OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Bon Air Juvenile Correctional Center
1900 Chatsworth Avenue
Bon Air, Virginia 23235
(804) 323-2550
Donald Inge, Acting Superintendent
donald.inge@djj.virginia.gov

NAME OF ADMINISTRATOR:

Donald Inge, Acting Superintendent

TEAM LEADER: Clarice T. Booker, Certification Analyst

REASON FOR STATUS REPORT:

At the June 12, 2013, Board meeting, Bon Air Juvenile Correctional Center was certified for three years with a status report on compliance with the corrective action plan in September 2013. The original audit was conducted on November 29, 2012 with monitoring visits were conducted in February, May, and June 2013. On August 1, 2013, a review was conducted to assess compliance. Another status review was conducted on September 25, 2013 specifically reviewing log books. The following documents the area of noncompliance, the planned corrective action, and the current status.

6VAC35-51-780.E Structured Program of Care

The identity of the individual making each entry in the daily communication log shall be recorded

Audit Finding November 29, 2012:

The identification of the individual making entries in logbooks was missing in 59 incidences out of 49 logbooks reviewed.

Program Response

Cause:

Staff failed to enter their first initial and last name after each entry. Security supervisors failed to complete sufficient administrative reviews of unit logbooks to ensure compliance with policy and standards.

Effect on Program:

The identity of the staff making the entry could not be verified which could compromise the integrity of the information documented.

Planned Corrective Action:

All officers and security supervisors have received re-training on Standard Operating Procedure 215: Logbooks during muster (December 3-7). Shift commanders shall review logbooks for accuracy during their tours and take immediate corrective action with staff, when necessary. The Shift Status Report will reflect the shift commanders' tour of the unit and review of the logbooks. In addition, the assigned unit manager will be responsible for daily review of logbooks and documentation of their review. During the chief of security tour, the Major will review the logbooks to ensure compliance.

Completion Date:

December 5, 2012

Person Responsible:

Kevin Losinger, Assistant Superintendent for Security

Current Status on August 1, 2013: Non-compliant

The identification of the individual making entries in logbooks was missing in 10 incidences out of 21 logbooks.

Current Status on September 25, 2013: Compliant

The identification of the individual making entries in logbooks was missing in four incidences out of 21 logbooks. (Based on the number of entries missed this would not be considered non-compliant during the normal audit. It is not a mandatory requirement.)

6VAC35-51-790 A. Health Care Procedures (Mandatory)

The provider shall have and implement written procedures for promptly:

2. Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission;

Audit Finding November 29, 2012:

Nine of 15 medical files reviewed had instances where medical requests from residents were not responded to in a prompt manner (within 24 hours).

Program Response

Cause:

Substandard nursing supervision and the inconsistent implementation of established nursing policies and procedures; a failure to identify, address and resolve service delivery problems in a timely manner and a failure to communicate service delivery problems to nursing and institutional managers. Existing nursing practices and supervision did not ensure that DJJ Board policy requiring same day nursing response to sick call requests was consistently implemented

and documented.

Effect on Program:

Resulted in resident(s) not being attended in a timely manner. No adverse health related side effects occurred as a result of resident(s) not receiving a prompt written response.

Planned Corrective Action:

New Medical Service Request slips (MSRs) were implemented (July 2012). All MSRs will be triaged by a nurse, with a response returned to the resident, within 24 hours. All current MSRs will be updated and, once approved by Dr. Moon, triaged under the following categories:

Nursing Triage:

- **Emergent:** Emergent issues shall *not* be handled through the use of Medical Service Requests. Emergencies (life or limb) will be transferred immediately to the Central Infirmary or call 911.
- **Urgent:** Urgent issues (visible bleeding; bruising; broken teeth or small bones; breathing issues) are to be seen as soon as is safely possible.
- **Non-Urgent / Acute:** Acute complaints (Headaches; ear-nose & throat; fevers; congestion; visible skin rashes; or vision changes) are seen within 24 hours (when safety permits).
- **Routine:** Routine requests or complaints (diet dislikes; dry skin; dandruff; drugs discontinued) will be addressed on a prioritized basis, not to exceed three (3) days.
- **Hygiene / Comfort Issues:** Resident's requests (soaps; lotions; deodorant; blankets; pillows; shoe problems) will be assessed by nursing staff or turned over to CPT. Lucas (Security).

Nursing Operations:

- MSR deposit boxes are presently installed in all resident housing buildings. MSR forms are available to all residents in all units any time they request one. Residents are able to place the forms in designated boxes when entering or exiting the building.
- Nurses will collect MSRs from boxes twice each day, (1st) during the first morning medication pass and (2nd) following the evening (4 or 8pm) medication administration. Residents with urgent complaints (as noted above) will be seen by nursing staff as soon as is safely possible after the complaint is received and triaged.
- When resident requests do not require them to be seen immediately, nurses will notate the prescribed plan on the MSR and return it to the resident to acknowledge and sign.
- A resident sick call list, for non-urgent issues, will be generated by the night nurses based on the MSRs collected that day. The sick call list will be shared with security staff. Residents will be delivered to the infirmary based on joint prioritizing of health and safety / security needs.
- Numbers of residents seen, problems encountered and resolutions will be documented on the Medical Activity: Daily Report to the Superintendent form and submitted by 9:00 a.m. each morning to provide oversight and appropriate action.
- All nursing and infirmary staff training for "understanding and compliance" has, and will continue to be conducted during bi-monthly staff meetings and randomly as necessary.
- Time stamp clocks are installed in the infirmaries to document when MSRs are received; triaged and returned to ensure compliance with the DJJ policies and procedures.

- New nursing leadership is being constructed. There will now be Nurse Supervisors for each facility and all shifts will have "team leaders" and clinical managers for operations oversight.

Completion Date:

All new MSR forms were created and sick slip boxes installed July of 2012. These forms will be updated and submitted immediately to Dr. Moon for approval and dissemination. Training is being conducted regularly and as part of each new nurse's orientation. All nursing staff and leadership will be compliant with DJJ policies and procedures.

Person Responsible:

Leland Frataccia, Head Nurse

Current Status on August 1, 2013: Compliant

Twelve applicable files were reviewed and were compliant.

6VAC35-51-800 D. Medical Examinations and Treatment (Mandatory)

Each resident's health record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.

Audit Finding November 29, 2012:

One out of nine applicable medical files reviewed had an annual physical examination that was not conducted within 13 months (14 months).

Program Response

Cause:

Substandard nursing supervision and inconsistent implementation of established nursing procedures; a failure to address and resolve service delivery problems in a timely manner, and the failure to communicate service delivery problems to nursing and institutional managers and administrators.

Effect on Program:

Resulted in resident not receiving annual physical within 13 month window.

Planned Corrective Action:

1. A computerized database has been developed and is maintained by the office service specialist (OSS), to track and automatically generate due dates of annual physicals, annual dental examinations, vision, hearing, PPDs and immunizations of each resident.
2. The spreadsheet will be on the Bon Air X- Drive with the Office Service Specialist; Head Nurse and Nursing Supervisors having access.
3. The OSS will generate a list each month and schedule pre-annual exams (nurses list) and physical exams (provider list) for any resident 11 months past their last exam.
4. All charts have been reviewed to ensure all data is current
5. The Nursing Manager and Head Nurse will conduct weekly file reviews with all files being reviewed on a quarterly basis.

6. The Institutional Safety Officer will be conducting monthly audits of medical files and documentation.

Completion Date:

The computerized database is fully functioning and in use as of Dec. 1, 2012.

Person Responsible:

Leland Frataccia, Head Nurse

Current Status on August 1, 2013: Compliant

Two applicable files were reviewed and were compliant.

6VAC35-51-800.G. Medical Examinations and Treatment (Mandatory)

Each resident's health record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) documentation of follow-up dental care recommended by the dentist or as indicated by the needs of the resident.

Audit Finding November 29, 2012:

One out of nine applicable medical files reviewed did not have an annual dental exam within 13 months (15 months).

Program Response

Cause:

Substandard nursing supervision and inconsistent implementation of established nursing procedures; a failure to address and resolve service delivery problems in a timely manner, and the failure to communicate service delivery problems to nursing; medical and institutional managers and administrators.

Effect on Program:

Resulted in resident not receiving annual physical within 13 month window.

Planned Corrective Action:

1. A computerized database has been developed and is maintained by the office service specialist (OSS), to track and automatically generate due dates of annual physicals, annual dental examinations, vision, hearing, PPDs and immunizations of each resident.
2. The spreadsheet will be on the Bon Air X- Drive with the Office Service Specialist; Head Nurse and Nursing Supervisors having access.
3. The OSS will generate a list each month and schedule pre-annual exams (nurses list) and physical exams (provider list) for any resident 11 months past their last exam.
4. All charts have been reviewed to ensure all data is current.
5. The Nursing Supervisors and Head Nurse will conduct weekly file reviews with all files being reviewed on a quarterly basis.
6. The Institutional Safety Officer will be conducting monthly audits of medical files and documentation.

Completion Date:

The computerized database is fully functioning and in use as of Dec. 1, 2012.

Person Responsible:

Leland Frataccia, Head Nurse

Current Status on August 1, 2013: Compliant

Two applicable files were reviewed and were compliant.

6VAC35-51-810.E Medication (Mandatory)

Medication prescribed by a person authorized by law shall be administered as prescribed.

Audit Finding November 29, 2012:

Thirteen medical files reviewed had Medication Administration Records showing that medications were not administered as prescribed.

Program Response

Cause:

Substandard nursing supervision and inconsistent implementation of established nursing procedures, failure to address and resolve service delivery problems in a timely manner, and the failure to communicate service delivery problems to nursing and institutional managers and administrators. Existing nursing practice and supervision did not monitor to ensure consistent documentation of medication administration, or the immediate identification and resolution of medication administration problems.

Effect on Program:

There were no adverse side effects as a result of residents not receiving medication.

Planned Corrective Action:

1. The primary responsibilities for identifying; documenting; refilling and/or referring charts to the provider for discontinuations or renewals are the nurses in the post positions that administer medications at 1600 and 2000 to all Bon Air and Expansion resident units.
2. Secondary responsibility will be all nurses who administer medications to any resident at any time and/or those who relieve the primary nurse.
3. The night shift nurses are responsible for reviewing all MARs and blister packs and will refill or add the resident to the provider list as need to maintain adequate stock of medication.
4. The Head Nurse, Nurse Supervisors, and team leads have the ultimate responsibility for monitoring and maintaining an adequate stock of medications.
5. Medication Administration Records will be peer reviewed after each pill pass to further ensure that medications are available.

Completion Date:

Implemented November 29, 2012 and ongoing.

Person Responsible:

Leland Frataccia, Head Nurse

Current Status on August 1, 2013: Compliant

Fifteen medical files reviewed contained MARs showing that medications were administered as prescribed.

6VAC35-51-810.F Medication (Mandatory)

A medication administration record shall be maintained of all medicines received by each resident and shall include:

- 1. Date the medication was prescribed;**
- 2. Drug name;**
- 3. Schedule for administration;**
- 4. Strength;**
- 5. Route;**
- 6. Identity of the individual who administered the medication; and**
- 7. Dates the medication was discontinued or changed.**

Audit Finding November 29, 2012:

The Medication Administration Record (MAR) was missing for August 2012 in one medical file reviewed.

The schedule of administration was missing on two MARs.

The strength was missing on two MARs.

The route was missing on seven MARs.

Program Response

Cause:

Substandard nursing supervision and inconsistent implementation of established nursing procedures, failure to address and resolve service delivery problems in a timely manner, and the failure to communicate service delivery problems to nursing and institutional managers and administrators. Existing nursing practice and supervision did not ensure consistent documentation of medication administration, or immediate identification and resolution of medication administration problems.

Effect on Program:

There were no adverse health effects reported as a result of the lack of proper documentation of medication administration.

Planned Corrective Action:

The Medication Administration Record (MAR) is the nursing document used to record provider medication orders for each resident under a provider's care and to document the administration of medication per the provider's orders. To ensure that medications are administered as ordered and properly documented, the following procedures have been implemented.

1. Immediately following medication administration passes, nurses administering medications will review all MARs for residents to whom he/she was required to administer medications to ensure that all medication documentation is completed and correct.
2. Once staff has reviewed and completed their documentation, they will exchange MAR folders and peer review each other's documentation.
3. Nurses who conduct medication administration will not leave the institution until

- all MARs have been reviewed and corrected as required.
4. The nurse working overnight will review all MARs for that day to ensure accuracy. Any mistake or omission will be documented and reported to the Head Nurse or Supervisor.
 5. The Head Nurse and Nursing Supervisors will review MAR documentation daily to ensure accuracy and completeness. Any identified documentation errors will require responsible nurses being called to correct their MAR errors immediately.
 6. Problems with medication administration will also be documented and reported on the Daily Medical Activity Report to the Superintendent. The superintendent and the Head Nurse or Nurse Supervisors will communicate regularly concerning any issues on the activity report. The superintendent maintains a file of all medical activity reports and documented resolutions to problems encountered.
 7. The Institutional Safety Officer conducts bi-weekly audits of MARs documentation.

Completion Date:

Implemented November 29, 2012 and ongoing.

Person Responsible:

Leland Frataccia, Head Nurse; and Nurse Supervisors.

Current Status on August 1, 2013: Compliant

Fifteen applicable files were reviewed and were compliant.

**CERTIFICATION STATUS REPORT
TO THE
BOARD OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Crossroads Community Youth Home
5684 Mooretown Road
Williamsburg, Virginia 23188
Phone # (757) 258-5106
Ronald C. Wallace, Program Director
wallace@yorkcounty.gov

TEAM LEADER: Paul Reaves, Jr., Certification Analyst

REASON FOR STATUS REPORT:

At the June 12, 2013, Board meeting Crossroads Community Youth Home was certified for three years with a status report on compliance with the corrective action plan in November 2013. The original audit was conducted on December 5, 2012. Monitoring visits were conducted in February, May, and June 2013. At the time of the June visit compliance was being demonstrated in all the areas of noncompliance noted in the original audit. On October 7, 2013, a review was conducted to assess compliance with entire corrective action plan. On that date compliance was demonstrated in all areas. Below is the original corrective action plan and results of each monitoring visit.

6VAC35-140 – 70 Grievance Procedures

Written policy, procedure and practice shall provide that residents of the juvenile residential facility are oriented to and have continuing access to a grievance procedure that provides for:

1. Resident participation in the grievance process, with assistance from staff upon request;
2. Documented, timely responses to all grievances with the reasons for the decision;
3. At least one level of appeal;
4. Administrative review of grievances;
5. Protection of residents from reprisal for filing a grievance;
6. Retention of all documentation related to grievances for three years from the date of the filing of the grievance and
7. Hearing of an emergency grievance within eight hours.

Audit Finding December 5, 2012:

Four of ten case files reviewed did not document that residents were oriented to the facility grievance procedure.

Program Response

Cause:

For the four cases in question, there was no documentation that the resident signed his/her handbook cover page stating that the resident was oriented to the grievance procedures. This error was caused by a lack of staff attention to detail.

Effect on Program:

This could have potentially led to the residents in question not having their rights to a grievance upheld.

Planned Corrective Action:

At the time of admission, but not to exceed eight hours, all residents shall receive an explanation of the Crossroads Community Youth Home (CCYH) grievance procedure. In order to insure that this error does not occur again, the CCYH In-processing/Admission checklist has been amended to include this element. Within 72 hours of their arrival, the grievance procedure shall be reviewed by each resident to insure that he/she is familiar with the system. Both the Case Management Specialist and the resident shall sign off on this document to verify that this procedure has been reviewed with the resident.

Completion Date:

Effective immediately.

Person Responsible:

Case Management Specialist Lorraine Speller, or designee, shall insure that each resident has reviewed the program grievance procedures.

Current Status on February 27, 2013: Compliance

Six of six new case files reviewed had documentation that residents were oriented to the facility's grievance procedure.

Current Status on October 7, 2013: Compliance

Two of two new case files reviewed had documentation that residents were oriented to the facility's grievance procedure at the time of admission.

6 VAC 35-140-190. Health Screening at Admission (Mandatory)

Written policy, procedure and practice of the juvenile residential facility shall require that to prevent newly-arrived residents who pose a health or safety threat to themselves or others from being admitted to the general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health-trained staff, using a Health Screening Form that has been approved by the facility's health authority.

Audit Finding December 5, 2012:

One of ten medical files was missing documentation of the date of the health screening.

Program Response

Cause:

In this case, the staff person who performed the initial in-processing procedure for the resident

overlooked the date blank on the Health Screening Form.

Effect on Program:

The date on the Health Screening Form is very important in terms of the possible need for immediate and/or follow-up care. Though there was no direct impact on the resident's health, the potential still existed for delayed follow-up medical care for this youth.

Planned Corrective Action:

In order to insure compliance, all Medical Screening Forms shall be reviewed for completion and signed by the Case Management Specialist, Lorraine Speller, or her designee, within 24 hours of the resident's arrival. The Health Screening Form will also be reviewed by the Residential Operations Supervisor, Carolyn Radcliffe or her designee within 72 hours of the resident's arrival;

Completion Date:

Effective immediately

Person Responsible:

Crossroads Case Management Specialist Lorraine Speller and Carolyn W. Radcliffe, Residential Operations Supervisor

Current Status on February 27, 2013: Compliance

In six of six new resident case files reviewed had documentation of the date on the Health Screening Form at admission.

Current Status on October 7, 2013: Compliance

Two of two new resident case files reviewed had documentation of the date on the health screening form at admission.

6VAC35-51- 310 B. Annual Training

1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include:
 - a. Alerting emergency personnel and sounding alarms;
 - b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, non-ambulatory);
 - c. Using, maintaining, and operating emergency equipment;
 - d. Accessing emergency information for residents including medical information;
and
 - e. Utilizing community support services.
2. All staff who administer medication shall complete annual refresher medication training.
3. All child care staff shall receive annual retraining on the provider's behavior intervention and timeout policies and procedures.
4. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention.
5. All staff shall receive annual retraining on the provider's policies and procedures regarding standard precautions.

Audit Finding December 5, 2012:

The following training was not documented;

- In five of five training files reviewed staff did not receive annual refresher training in emergency preparedness and response training in seven of 13 opportunities.
- In one of six opportunities staff were missing documentation of annual medication refresher training.
- In three of seven opportunities staff were missing annual retraining in behavior intervention and time out policies and procedures.
- In two of thirteen opportunities staff were missing documentation of annual retraining on the provider's policies and procedures regarding standard precautions.

Program Response

Cause:

Incomplete and inconsistent administration with regard to annual staff retraining being completed. Although the initial emergency preparedness and response, medication management, behavior intervention, and standard precautions training occurred during orientation, annual follow-up was not consistently done.

Effect on Program:

Loss of continuity in training for emergency preparedness, medication management, behavior intervention, and standard precautions left the potential for improper staff performance. Fortunately, there are no documented cases of negative outcomes for the health and welfare of the program's youths, staff or facilities.

Planned Corrective Action:

All staff training and retraining dates will be entered on the program's electronic calendar with automatic digital and written notifications to all staff members. Training records shall be reviewed on a quarterly basis to insure compliance with training requirements.

Completion Date:

Effective immediately

Person Responsible:

Program Manager III, Ron Wallace, in collaboration with Carolyn Radcliffe, Residential Operations Supervisor, and Administrative Assistant II Carol Bennink shall enter the electronic calendar data and administer the notifications.

Current Status on February 27, 2013: Not Determinable

The facility schedules staff training annually during the calendar year and has scheduled annual refresher training in emergency preparedness and response, annual medication refresher training, standard precautions training and annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention, for dates in March 2013 and April of 2013 for this training.

Current Status on May 2, 2013: Compliance

Fifteen of 15 staff training files had documentation of annual training for annual refresher

training in emergency preparedness and response, annual medication refresher training, standard precautions training and annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention for 2013.

Current Status on October 7, 2013: Compliance

Nine of nine staff training files had documentation of annual training in medication refresher training, handle with care and annual retraining in health screenings for 2013.

6VAC35-51 -740 F. Discharge

Information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care shall be provided to the legal guardian or legally authorized representative, as appropriate.

Audit Finding December 5, 2012:

Four of ten case files were missing documentation of information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care being provided to the legal guardian or legally authorized representative

Program Response

Cause:

Our current discharge report does not include all required elements as indicated in the audit findings.

Effect on Program:

The information has formerly been provided verbally at the final treatment team meetings. There have been no indications of adverse effects in regard to the follow-up and continuing provision of medical, educational, or social services for the youths who were discharged from the program.

Planned Corrective Action:

In order to insure compliance with this regulation, revisions to the Crossroads discharge report have been amended to include the following elements:

- Current medications
- Need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care

In order to insure completion of these treatment care elements, the program administrator shall review all discharge summaries within 72 hours of the resident's release from the program.

Completion Date:

Effective immediately

Person Responsible:

Residential Operations Supervisor, Carolyn Radcliffe and Program Manager, Ron Wallace

Current Status on February 27, 2013: Compliance

Three of three case files reviewed contain a Comprehensive Discharge Summary that documented information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care being provided to the legal guardian or legally authorized representative of the resident discharged.

Current Status on October 7, 2013: Compliance

Two of two case files reviewed contained Comprehensive Discharge Summaries that documented information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care being provided to the legal guardian or legally authorized representative.

6VAC35-51-790 B Medical Information (Mandatory)

The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency:

1. Name, address, and telephone number of the physician and dentist to be notified;
2. Name, address, and telephone number of a relative or other person to be notified;
3. Medical insurance company name and policy number or Medicaid number;
4. Information concerning:
 - a. Use of medication;
 - b. All allergies, including medication allergies;
 - c. Substance abuse and use; and
 - d. Significant past and present medical problems.
5. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent; and Subdivisions 3 and 5 of this subsection do not apply to secure detention facilities except when a resident is confined in post-dispositional detention.

Audit Finding December 5, 2012:

Six of ten medical files were missing the address and or telephone number of the physician or dentist concerning. One out of ten was missing documentation of permission for emergency care.

Program Response

Cause:

The intake staff persons did not complete the medical form on the day of admission. Also, the initial supervisory review of medical care form did detect the missing medical emergency authorizations from parent/guardian.

Effect on Program:

Fortunately, there are no documented cases of negative outcomes for the health and welfare of the youths. The missing information could have potentially resulted in the resident not receiving medical and or dental care within the prescribed intervals.

Planned Corrective Action:

All medical information is now being reviewed by supervisory personnel within 72 hours of the resident's placement in the group home. There shall be additional training of intake staff by the

training personnel.

Completion Date:

Effective immediately.

Person Responsible:

Residential Operations Supervisor Carolyn Radcliffe, or her designee, shall be responsible for the provision of remedial training and for insuring that the medical files are reviewed and in compliance with licensing regulations.

Current Status on February 27, 2013: Compliance

Nine of nine case files reviewed had documentation of the address and or telephone number of the physician or dentist and documentation of permission for emergency care for each resident.

Current Status on October 7, 2013: Compliance

In two of two resident case files reviewed had documentation of the address and or telephone number of the physician or dentist and documentation of permission for emergency care for each resident.

6VAC35-51- 810 E. Administration of Medication (Mandatory)

Medication prescribed by a person authorized by law shall be administered as prescribed.

Audit Finding December 5, 2012:

Two medical files reviewed contained the following instances where medication was not administered as prescribed.

- Resident # 1 - August 12-13, 2011, Doxycycline Hyclate 100 mg (ran out of the medication). August 25-31, 2011, Doxycycline Hyclate 100 mg (ran out of the medication). June 6, 2011, June 16 -19, 2011, June 21-26, 2011, ran out of Clonidine 0.1mg HCL.
- Resident # 2 August 25-31, 2011, Doxycycline Hyclate 100 mg (ran out of the medication).

Program Response

Cause:

Direct care as well as supervisory staff neglected to detect the low medication count for the two residents in question.

Effect on Program:

Fortunately in the case of the Doxycycline Hyclate 100 mg, there was no danger of physical effects. In the case of the Clonidine 0.1mg HCL, according to the prescribing physician, the patient was to resume the dosage as soon as available and not attempt to make up for loss dosages. There was no attempt by the staff to make up for loss dosage.

Planned Corrective Action:

A review on medication management will be scheduled to include the issues of medication supply maintenance. In addition, an audit of all prescription medications shall be conducted

twice weekly. A monthly medication audit shall be conducted by administrative staff. In addition, training shall be scheduled for all medication management staff through the program's certified Virginia Board of Nursing trainer.

Completion Date:

02-28-2013

Person Responsible:

Residential Operations Supervisor Carolyn Radcliffe, Program Manager, Ron Wallace

Current Status on February 27, 2013: Non-compliance

On January 26, 2013 Crossroads staff did not administer the morning dosage of 20mg of Paxil medication to a resident as prescribed by his physician.

Current Status on May 2, 2013: Non-compliance

In two of five medical case files reviewed the following medications were not administered as prescribed:

- Flexeril 5mg 6:00 a.m. medication was not administered as prescribed on March 6, 7, 8,9, 2013.
- Triamcinolone 0.025 8:00 p.m. was not administered to the resident as prescribed. on April 1, 2013.

Current Status on June 6, 2013: Compliance

Five medical files reviewed contained documentation that medications were being administered as prescribed.

Current Status on October 7, 2013: Compliance

Three of three medical case files reviewed documented medication prescribed by a person authorized by law was administered as prescribed.

6VAC35-51 - 810 F. Medication Administration Record (Mandatory)

A medication administration record shall be maintained of all medicines received by each resident and shall include:

1. Date the medication was prescribed;
2. Drug name;
3. Schedule for administration;
4. Strength;
5. Route;
6. Identity of the individual who administered the medication; and
7. Dates the medication was discontinued or changed.

Audit Finding December 5, 2012:

In three medical files reviewed Medication Administration Records did not document the route and schedule for administration.

Program Response

Cause:

Medication management staff who wrote the MAR, as well as supervisory staff, neglected to detect that the route and schedule for the three medications in question were not documented.

Effect on Program:

There were no negative effects to the residents receiving these medications.

Planned Corrective Action:

A training review on medication management will be scheduled to include the issues related to MARs, with an emphasis on medication routing documentation elements. In addition, an audit of all prescription medications shall be conducted twice a week and the staff shall be retrained.

Completion Date:

Staff retraining completed on 02-28-2013.

Person Responsible:

Residential Operations Supervisor, Carolyn Radcliffe and Program Manager, Ron Wallace in collaboration with a Virginia Board of Nursing trainer.

Current Status on February 27, 2013: Compliance

Five of five applicable medical files reviewed containing Medication Administration Records contained documentation of the route and scheduled for the administration of the medication.

Current Status on October 7, 2013: Compliance

Three of three applicable resident medical case files reviewed with medication administration records all contained documentation of the route and scheduled administration of the medication.

6VAC35-51 - 810 G. Medication Errors (Mandatory)

In the event of a medication error or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a Poison Control Center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented.

Audit Finding December 5, 2012:

In two medical files reviewed medication errors did not documented the actions taken by staff according to established procedures.

Program Response

Cause:

The medication error forms were completed in each of these cases. However, the staff failed to take corrective actions by contacting the prescribing physician, pharmacy, or Poison Control Center as specified.

Effect on Program:

There were no adverse health effects for the residents in these two cases.

Planned Corrective Action:

In an effort to increase performance and staff accountability, there shall be a medications audit performed twice weekly. Additionally, all medication error forms shall be reviewed weekly. As a remedial action, periodic reviews on how to avoid medication errors and how to properly complete a medication error form shall be performed. These reviews shall be done with individual staff persons on a case by case basis.

Completion Date:

The review of medication error forms shall begin immediately. The review of medication management procedures shall be done by 02-28-2013.

Person Responsible:

Residential Operations Supervisor Carolyn Radcliffe and Program Manager, Ron Wallace.

Current Status on February 27, 2013: Compliance

One applicable medical file reviewed documented the medication error and the actions taken by staff according to established procedures.

Current Status on October 7, 2013: Compliance

Three applicable medical file reviewed did not have any medication errors by staff.

BOARD OF JUVENILE JUSTICE

2014 Meeting Schedule

BOARD MEETING DATE	LOCATION
SUBJECT TO CHANGE	
January 7, 2014	DJJ Central Office 600 East Main Street Richmond, VA
April 9, 2014	Virginia Public Safety Training Center 7093 Broad Neck Road Hanover, VA 23069
June 11, 2014	TBD
September 10, 2014	TBD
November 12, 2014	TBD

All State Board of Juvenile Justice meetings will convene at 9:30 AM



THE CITY OF LYNCHBURG, VIRGINIA

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DEPARTMENT OF HUMAN SERVICES
DIVISION OF JUVENILE SERVICES

MEMORANDUM

To: Board of Juvenile Justice Members
From: Tamara Rosser, City of Lynchburg, Director of Human Services
Date: August 14, 2013
Re: Lynchburg Juvenile Services Group Home – Needs Assessment

The City of Lynchburg's Department of Human Services, Division of Juvenile Services and I have conducted a Needs Assessment resulting in a request to replace our three existing outdated facilities with a new, co-ed, 28-bed capacity group home. Currently, our total licensed capacity for the three group homes is 27 beds, broken down as follows:

1. Opportunity House 1 – Licensed Capacity 9 Males;
2. Opportunity House 2 – Licensed Capacity 6 Males; and
3. SPARC House – Licensed Capacity 12 Females.

This new facility will increase our existing certification by 1 bed. We are respectfully requesting to be certified as a single, 28-bed, juvenile group home facility.

We also acknowledge that there is a moratorium on state reimbursement for local juvenile facility construction costs, and we intend to seek a legislative exception, pending approval of our Needs Assessment and subsequent Planning Study. Pursuant to 6VAC35-30, the Regulation for State Reimbursement of Local Juvenile Residential Facility Costs, we are asking for your approval to proceed to the Planning Study stage.

Included with this memo is the Addendum to the Needs Assessment which provides the summary information, in adherence to the Department of Juvenile Justice's "Step-by-Step Procedures for Approval and Reimbursement for Local Facility Construction, Enlargement, and Renovation".

As noted in our Needs Assessment, the state of our existing facilities is our primary concern. The existing facilities are aged, deteriorated, and do not meet current state and national design standards. Our goal is to consolidate the three existing facilities into one group home and co-locate it on the same property as the existing Regional Juvenile Detention Center (RJDC) in order to share services such as medical, educational, laundry, food preparation, administrative services, and maintenance, thus increasing the efficiency of the group home operations. We hope that you will support us as we endeavor to complete a Planning Study so that these issues can be addressed and we can continue to provide safe, secure custody and care for the youth in our community.

Our full Needs Assessment has been submitted to the Department of Juvenile Justice and planning team representatives, including myself, will be present at your meeting in Tazewell, Virginia on September 11, 2013 to address any questions or concerns you may have regarding our request.

Thank you for your attention to this matter.

City of Lynchburg, VA Juvenile Group Home Needs Assessment Final Report



**Prepared by: Virginia A&E in association
with Huskey & Associates
and Treanor Architects**

August 14, 2013





Executive Summary

Introduction

I. Introduction

The City of Lynchburg Juvenile Services Department (LJS) operates three group homes, with a total capacity of 27 beds and serving non-delinquent and delinquent youth placed there by the Juvenile Court for shelter and for residential treatment:

- Support Promote Adolescent Residential Care (SPARC House) provides short-term shelter, long-term residential treatment, and after-care services for up to 12 girls, ages 12-17.
- Opportunity House 1 provides short-term shelter, long-term residential treatment, and after-care services for up to 9 males, ages 12-17.
- Opportunity House 2 provides overflow capacity of up to 6 beds for males when Opportunity House 1 is at capacity.

The City retained Virginia A&E of Forest, VA, to conduct a Needs Assessment to determine the need for and feasibility of replacing three outdated group homes the City operates with a new group home that serves males and females and non-delinquents and delinquents in separate housing. Virginia A&E retained Huskey & Associates as its juvenile justice planning consultant and Treanor Architects, juvenile facility architect, to assist in completing project objectives. This Needs Assessment addresses the needs of the youth and families within the 24th Judicial District, which includes the City of Lynchburg, City of Bedford, the Counties of Amherst, Bedford, and Campbell. The Needs Assessment also included an analysis of the needs of the City of Roanoke.

The Needs Assessment was developed with input from City of Lynchburg officials, Facilities Management, Judiciary, Finance Director, Commonwealth Attorney, Public Defender, Law Enforcement, Court Services Unit, community providers, Group Home, Detention, Outreach Detention and Probation staff, parents of Group Home Residents, and Graduates of the Group Home Programs. In fact, more than ten focus group interviews were conducted including more than 50 individuals. Others were invited but could not participate due to scheduling conflicts.

This objective and inclusive process confirmed that the City of Lynchburg **should replace its three outdated, deteriorated group homes and consolidate it into one group home and co-locate it on the same property as the existing Regional Juvenile Detention Center (JDC)** at 1401 Florida Avenue in order to share services with the existing JDC such as medical services, educational services, laundry services, food preparation, and maintenance services, thus increasing the efficiency of the group home operations. The assessment also recommends an expansion of its service continuum to use the least restrictive option necessary to protect public safety and the safety of the child and to better meet the needs of the youth, families and community.

II. Methodology

This project addresses the following key issues facing the City of Lynchburg and the 24th Judicial District:

- Aging and deteriorated physical plants in which the City's group homes operate
- Group home facility conditions that present significant health and safety issues for the future
- Mounting rental, maintenance and travel costs incurred by operating three group homes
- Gaps in shelter care and residential treatment within Central Virginia

These issues create the urgent need to evaluate the conditions of the City's group homes and to recommend strategies to meet the 24th Judicial District's needs for shelter care, residential treatment and non-residential alternatives to detention and placement.

The consultant team was guided by the following documents in the completion of this Needs Assessment:

1. Virginia Department of Juvenile Justice:
 - a. Guidelines for Minimum Standards in Design & Construction of Juvenile Facilities
 - b. Step-by-Step Procedures for Approval & Reimbursement for Local Facility Construction, Enlargement & Renovation dated July 1997, Revised March, 2001
 - c. Virginia Juvenile Community Crime Control Act
2. Virginia Administrative Code:
 - a. Chapter 30, Regulation Governing State Reimbursement of Local Juvenile Residential Facility Costs
 - b. Chapter 41, Regulation Governing Juvenile Group Homes & Halfway Houses
 - c. Chapter 51, Standards for Interim Regulation of Children's Residential Facilities
 - d. Chapter 140, Standards for Juvenile Residential Facilities
3. Virginia Department of Social Services – Standard for Licensed Children's Residential Facilities
4. City of Lynchburg Ordinances
5. Virginia Uniform Statewide Building Code (VUSBC) 2009 Edition
6. Commonwealth of Virginia Construction and Professional Services Manual (CPSM)
7. Virginia Community Services Act Plan
8. American Correctional Association Standards for Residential Group Homes

II.2 Core Values that Guided the Development of the Plan

With the availability of new facilities compliant with contemporary standards and best practices, the City and the 24th Judicial District will be in a better position to meet its Core Values, including:

1. Use the least restrictive option necessary to protect the safety of the child and community and ensure their appearance in court.
2. Subscribe to the Balanced Approach for responding to juvenile offenders (protect public safety and ensure accountability for law violations and services and programs that develop competencies).
3. Meet unmet needs within the Continuum of Services of each jurisdiction for shelter, residential treatment and graduated sanctions.

4. Improve the safety and security of the youth housed in the group home and of the staff who work with these youth by providing a facility that meets contemporary trauma-informed principles and restorative design standards for juvenile group homes.
5. Avoid the use of out of home placement for youth who do not require this level of intervention.
6. Avoid having to send a youth to far away facilities for shelter and for residential care which reduces the access to and engagement of these youth's families and community support network.
7. Reduce the costs of group home care by sharing some programs among males and females and by co-locating the group home with other programs the City operates (e.g. detention home, new services).
8. Avoid the co-mingling of males and females and non-delinquent youth from delinquent youth in the housing units in accordance with the regulations of the Virginia Interdepartmental Standards for Residential Facilities, the U.S. Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Health and Human Services and the American Correctional Association Standards for Group Homes and Juvenile Detention Center Standards.

II.3 Methods to Address Key Research Questions

Research questions for this Needs Assessment were in accordance with Virginia Department of Juvenile Justice requirements, 6VAC-35-30-20. In summary, the consultants and the Planning Team gathered and analyzed quantitative and qualitative data using the following methodologies:

Facility Assessment: Conducted a facility Operational and Physical Conditions Assessment of 23 functional components of the operations at SPARC House, Opportunity House 1 and 2 using a standard questionnaire based on Virginia Standards, American Correctional Associational Standards and national best practices in trauma-informed care.

Trends Analysis: These research questions were answered through an objective, analytical process involving extensive data gathering and analysis of demographic, juvenile crime, probation trends, group home trends, detention and Outreach Detention trends data from every aspect of the juvenile justice system based on existing reports, stakeholder interviews, new database creation, and national literature research.

Characteristic Profile of Youth Housed in Group Homes, in Post-Dispositional Detention and in Outreach Detention: Gathered and analyzed the risk and needs of the youth housed in the three group homes to provide an understanding of who is housed in these group homes so that housing and program services can better meet their needs in the future. A profile analysis was conducted of the youth in detention to document the number of youth who might be eligible for less restrictive options such as group home and Outreach Detention. A profile analysis was conducted of the youth in Outreach Detention to determine to what extent this option could be expanded. Data was gathered through existing databases, and manual data collection was necessary to gather missing data that existed in current databases.

Gap Analysis: Extensive input was gathered and synthesized from more than ten focus groups including more than 50 individuals and from written surveys from each of the jurisdictions to 1) document the options that exist within the current Service Continuum and to 2) identify the gaps that exist throughout the juvenile justice system and in the communities that foster crime. Individuals providing input represented law enforcement officials, Commonwealth Attorney, Public Defender, Judiciary, Court Services Unit, FAPT

Team, community treatment providers, community-based organizations, faith-based organizations, youth, community members, Group Home, Outreach Detention, Detention and Court Services Unit staff.

Best Practices: Research was conducted on evidence-based and promising programs rated by national organizations. They were selected because they are culturally relevant to the ethnic and racial characteristics of the youth served by Lynchburg Juvenile Services. Finally, these program options are eligible for federal funding which defray some of the costs to LJS and the City.

Projections: Projections were developed for group home beds by males, females, shelter beds, and residential treatment beds using nationally accepted forecasting methodologies. Three methods were tested, and the forecast that proved to be the best fit for the available data was selected. Planning assumptions were developed with the Planning Team, and these were tested to arrive at three forecasts for the City to consider. Projections were also developed for Aftercare Supervision since two of the group home forecasts were based on utilizing Aftercare Supervision.

III. Executive Summary

The City of Lynchburg Juvenile Services Department (LJS) provides services to the 24th Judicial District which includes the City of Bedford and Amherst, Bedford, Nelson, and Campbell Counties and also to the City of Roanoke and Appomattox County when requested. The City owns and operates three separate male and female Group Homes with a current capacity of 27 beds. The City of Lynchburg should replace its three outdated, deteriorated group homes, consolidate it into one group home and co-locate it on the same property as the existing Regional Juvenile Detention Center (RJDC) at 1401 Florida Avenue in order to share services with the existing JDC such as medical services, educational services, laundry services, food preparation, and maintenance services, thus increasing the efficiency of the group home operations. The recommended size of the group home is between 28-32 beds and the estimated caseload per day for Aftercare Supervision is 34-48 for 2022. The City has decided to size the new group home for 28 beds, which is one bed above the current capacity rating.

During the Planning Study, the Planning Team will reach a final consensus on the size and breakdown of various youth classifications into individual housing units.

III.1 Data Supporting the Need to Replace the City's Three Group Homes

1. Stakeholders indicate that the City's group homes are the only shelter facility serving Central Virginia, especially for juvenile girls, and it is the only residential treatment program in close proximity to the jurisdictions in the 24th Judicial District.
2. The average daily population (ADP) in all group homes increased 3.6 percent annually during FY08-FY12 (from an average of 20 in FY08 to almost 23 in FY12). During these five years (FY08-FY12), the ADP has been relatively stable, fluctuating from an average of 20 to 23 thus documenting the consistent need for the group homes by the participating jurisdictions.
3. 71 percent of all group home admissions were for short-term shelter and shelter admissions to these group homes increased 6.3 percent per year during FY07-FY12 documenting the greater need for short-term shelter compared to long-term treatment among the participating jurisdictions.
4. The number of females housed at SPARC House exceeded its capacity of 12 beds in FY12. The average number of males housed at the Opportunity House located on Cabell Street also exceeded its capacity of 9 beds resulting in the use of the overflow Jackson Street facility for all years during FY07-FY11. Since Jackson Street is only used for sleeping, this requires the youth to be transported daily to the Cabell Street facility for all meals and programming.
5. The Virginia Employment Commission forecasts a 10.3 percent increase in the youth population within these jurisdictions from 2020-2030. The Lynchburg City Schools projects an annual increase in school enrollment of 1.4 percent during 2013-2022. These projections demonstrate that the potential pool of youth eligible for the group home in the future will likely increase.
6. Arrests for property, other and status offenses increased during FY06-FY11 in these participating jurisdictions. Status, property and other juvenile arrests are included in the target population for the group home suggesting that, if past trends continue, the pool of arrests for these offenses referred to the group home will likely increase in the future. Lynchburg's youth runaway arrest rate was nearly twice that of the statewide rate documenting a potential pool of youth who will end up at the group home in emergency shelter.

7. 82.3 percent of the juvenile complaints in all jurisdictions in the 24th Judicial District resulted in a formal petition during 2008-2011 and 13.6 percent were resolved or diverted. With so many youth being petitioned in Lynchburg and in the other jurisdictions, it suggests that there may be a steady stream of youth who will be eligible for the group home rather than being diverted.

III.2 Facility Conditions: The physical conditions of these three group homes are old (1853-1928), they have deteriorated, they are not handicapped-accessible, and the buildings have significant health and safety issues for youth and staff which are not easily rectified. None of the facilities were constructed as a group home and due to the age, none meet contemporary juvenile justice design standards. They are inadequate in the following ways:

1. The multilevel design of the facilities present safety and security challenges for staff to ensure continuous supervision of residents and the steps are dangerous, especially when staff need to respond quickly among multiple floors.
2. Facilities are not able to separate shelter youth from long-term youth placed there for treatment and they lack the ability to separate non-delinquents from delinquents thus jeopardizing their safety.
3. Facilities lack appropriate spaces for intake, programs, in-door physical fitness/recreation, family visitation, study space, medication storage and dispensing, group therapy, cognitive behavioral treatment, mental health therapy, substance abuse therapy, family therapy, dining and medical exams.

The daily transport among three group homes is costly and inefficient. Rental costs for SPARC House are escalating, with an average increase of 2.3 percent per year from FY 2009 through 2013 and average rental fee of approximately \$45,000 per year. Maintenance costs are higher due to the age of the buildings. Maintenance costs averaged approximately \$26,500 per year from FY 2009 through FY 2013 with an average escalation of 8.3 percent per year. The consolidation of three buildings into one group home and the co-location of the group home with the existing Regional Juvenile Detention Center will allow the sharing of some functions thus increasing efficiency and reducing some of the operational costs.

III.3 Facility Options: The following four facility options were examined and the estimated capital costs are presented:

Option 1: Renovate Existing Lynchburg Group Homes on Current Site (\$5.8 million)

Option 2: Build New Stand-alone Group Homes on Separate Sites (\$6.1 million)

Option 3: Build New Co-located Boys & Girls Group Home on Existing Site of RJDC (\$4.3 million)

Option 4: Build New Co-located Boys & Girls Group Home on New Site (\$5.0 million)

Each of these options was examined against core values that have been identified in this Needs Assessment. Specifically, these core values reflect operational values that improve program effectiveness, operational efficiency and cost effectiveness of each option. The number one option with the most advantages is Option 3 (Build New Co-located Boys & Girls Group Home on Existing Site of RJDC). Option 3 (Build New Co-located Boys & Girls Group Home on Existing Site of RJDC) has the lowest capital costs compared to the other options thus is considered to be the most cost effective. Option 3 is also believed to be the most operationally cost effective due to the sharing of resources with an existing facility.

III.4 Population Forecasts: Three forecasts for the future size of the group home were developed (Baseline, Mitigated #1 and Mitigated #2). The size of the proposed group home is recommended to be 28-32 beds. The projections are based on the actual growth in historical average daily population during FY08-FY12. These mitigated projections assume the creation of Aftercare Supervision as a step-down option from the group home thus reducing the length of stay in the group home; these projections maximize other options than the group home for chronic truants such as early intervention strategies that reduce chronic truancy and expanded therapeutic foster care, and these mitigated projections are anticipated to result in lower capital and operational costs for the City. The forecasted average daily caseload for Aftercare Supervision is expected to be 34-48 cases per day by 2022 to support the projected range of 28-32 beds forecasted for the group home.

III.5 Impact of Group Home on Youth, Family and Community: If the group home is not available for the City of Lynchburg and its surrounding jurisdictions in the future, the following impacts are projected:

- Youth in crisis would remain in their home thus jeopardizing theirs, their family's and the community's safety. Families of these youth would not be engaged in crisis intervention and in therapy.
- Some youth may end up in secure detention, which is considered an inappropriate setting, and as more youth are securely detained, the costs to the City will increase since the cost of a detention bed is more than the cost of a group home bed.
- Some youth may need to be sent away to residential treatment facilities located outside the City of Lynchburg thus reducing their access to visits from their family and reducing the access of families to be engaged in treatment and increasing the costs of care.
- Using facilities outside the City will reduce the engagement of community volunteers, mentors and treatment providers located in the City of Lynchburg.
- Instead of supporting job and economic development within the City of Lynchburg, the City will fund facilities located in other jurisdictions, thus supporting their local economies.
- The City of Lynchburg will lose potential control over the quality of the programming if it has to use facilities located in other jurisdictions.

The per diem costs are estimated to be less in the group home compared to detention or other facilities. Instead of a per diem cost of \$149 per day for each group home youth, detained youth will cost \$223 per day, and other facilities are \$250 per day, demonstrating a \$74.00 - \$101.00 cost savings per youth per day by having the group home available. Further cost savings are estimated with the use of Aftercare Supervision as a step-down from the group home. In lieu of maintaining youth at a daily cost of \$149.00 per day, youth will be stepped-down to Aftercare Supervision at a daily cost of \$59.56 per day demonstrating an \$89.44 cost savings per youth.

Through the co-location of the replacement group home with the Regional Juvenile Detention Center, additional cost savings will be realized by reduced transportation costs. Roundtrips back and forth between Opportunity House 1 and 2, to doctor's appointments and Community Service Board trips and transport to the RJDC for video-hearings can be avoided.

In summary, the City hopes that its group home proposal will be approved so that it can be eligible for per diems from participating jurisdictions and for state and federal funding. The group home will not be sustainable without per diem payments from the participating jurisdictions, state support from the Virginia

August 14, 2013

Juvenile Crime Control Act, and federal funding from grants and from federal funding streams such as Title IV-E and Medicaid, just to name a few.



Mark A. Gooch
Director

COMMONWEALTH of VIRGINIA

Department of Juvenile Justice

Lionel F. Jackson, Jr.
Chief Deputy Director

November 13, 2013

MEMORANDUM

TO: State Board of Juvenile Justice

FROM: Barbara Peterson-Wilson

SUBJECT: Request Authorization for Submission of Notices of Intended Regulatory Action for Initiation of the Regulatory Process

Action Requested: The State Board of Juvenile Justice (Board) is requested to authorize the Department of the Juvenile Justice (Department) to submit Notices of Intended Regulatory Action (NOIRAs) for initiation of the regulatory process for the following regulations:

- 1) Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System (6 VAC 35-160);
- 2) Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice (6 VAC 35-170);
- 3) Standards for the Interim Regulation of Children's Residential Facilities (6 VAC 35-51) and;
- 4) Standards for Juvenile Residential Facilities (6 VAC 35-140).

I. Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System (6 VAC 35-160)

A. Recommendation

The Department requests authorization to submit a NOIRA to begin the regulatory process for a comprehensive review of the Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System.

Per the requirements in §§2.2-4017 and 2-2-4007.1 of the *Code of Virginia* and Executive Order 14 (2010), the Department must conduct a “periodic review” every four years of its regulations. The Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System (6 VAC 35-160) became effective August 16, 2004 and have not undergone a periodic review.

Initiation of a NOIRA will meet the requirements for the periodic review. Additionally, the Department will complete a comprehensive review of the regulatory provisions and recommend changes as appropriate and applicable.

B. Background

The legal authority of the Board to promulgate regulations regarding the Virginia Juvenile Justice Information System is found in § 16.1-223 of the *Code of Virginia*. The Board is authorized to promulgate regulations governing the security and confidentiality of the data submissions. Additionally, § 66-10 (5) of the *Code of Virginia* authorizes the Board to promulgate such regulations as may be necessary to carry out the provisions of Title 66 and other laws of the Commonwealth. The regulations establish who is permitted to access and disseminate juvenile information, the security requirements for records, and the process for challenging the information contained in records and expunging records.

II. Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice (6 VAC 35-170)

A. Recommendation

The Department requests authorization to submit a NOIRA to begin the regulatory process for a comprehensive review of the Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice.

Per the requirements in §§2.2-4017 and 2-2-4007.1 of the *Code of Virginia* and Executive Order 14 (2010), the Department must conduct a “periodic review” every four years of its regulations. The Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice underwent a periodic review July 8, 2011. During this process, the Department has identified several sections of the Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice that require updating.

Initiation of the NOIRA will allow the Department to conduct a comprehensive review of the regulation and recommend changes to the Board.

B. Background

The legal authority of the Board to promulgate regulations regarding human research is found in § 66-10.1 of the *Code of Virginia*. The regulation establishes requirements and ethical standards and confidentiality requirements for conducting human research. Additionally, § 66-10 (5) authorizes the Board to promulgate such regulations as may be necessary to carry out the provisions of Title 66 and other laws of the Commonwealth.

III. Standards for the Interim Regulation of Children's Residential Facilities (6VAC35-51) and Standards for Juvenile Residential Facilities (6VAC35-140).

A. Recommendation

The Department requests authorization to submit a Notice of Intended Regulatory Action to begin the regulatory process to repeal (1) the Standards for the Interim Regulation of Children's Residential Facilities and (2) Standards for Juvenile Residential Facilities.

B. Background

The Regulation Governing Juvenile Group Homes and Halfway Houses (6VAC35-41); the Regulation Governing Juvenile Correctional Centers (6VAC35-71) and; the Regulation Governing Juvenile Secure Detention Centers (6VAC35-101) have been approved and finalized through the regulatory process and will become effective on January 1, 2014. Each of these regulations contains the following provision:

This chapter replaces the Standards for the Interim Regulation of Children's Residential Facilities. (6VAC 35-51), and the Standards for Juvenile Residential Facilities, (6VAC35-140), for the regulation of all [named type of facility] as defined herein. The Standards for the Interim Regulation of Children's Residential Facilities and the Standards for Juvenile Residential Facilities remain in effect for [named other types of facilities not regulated by the specific chapter], regulated by the board, until such time as the board adopts new regulations related thereto.

The Standards for the Interim Regulation of Children's Residential Facilities and the Standards for Juvenile Residential Facilities will remain in effect for group homes, juvenile detention centers, and juvenile correctional centers, regulated by the Board, until January 1, 2014 when the new regulations become effective. Upon the regulations effective date, the three new regulations will replace the Standards for the Interim Regulation of Children's Residential Facilities (6VAC35-51) and the Standards for

Juvenile Residential Facilities (6VAC35-140) for the regulation of all juvenile residential facilities regulated by the Board.

Accordingly, the Department requests authorization to initiate the regulatory process to repeal the two chapters that will be replaced by new regulations on January 1, 2014.



Mark A. Gooch
Director

COMMONWEALTH of VIRGINIA

Department of Juvenile Justice

Lionel F. Jackson, Jr.
Chief Deputy Director

MEMORANDUM

Date: November 13, 2013

To: State Board of Juvenile Justice

RE: Designation of Critical Regulatory Requirements

I. Summary of Action Requested:

The Department of Juvenile Justice (Department) is requesting the Board of Juvenile Justice (Board) to identify the specific residential regulations that will be designated as critical regulatory requirements as follows:

- Governing Certification Audits from November 1, 2013 through December 31, 2013 designate from the following regulations:
 - The Standards for Interim Regulation of Children's Residential Facilities (6VAC35-51); and
 - The Standards for Juvenile Residential Facilities (6VAC35-140)
- Governing Certification Audits on and after January 1, 2014 designate from the following regulations:
 - The Regulation Governing Juvenile Group Homes and Halfway Houses (6VAC35-41);
 - The Regulation Governing Juvenile Correctional Centers (6VAC35-71); and
 - The Regulation Governing Juvenile Secure Detention Centers (6VAC35-101).

II. Background:

The Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities, 6VAC35-20 (Certification Regulation), began proceeding through the regulatory process in September 2010. The Certification Regulation became effective September 25, 2013.

The changes to the Certification Regulations are the result of a comprehensive review of the regulation. The changes (i) establish clear, concise, and consistent rules, rights, and responsibilities and (ii) strengthen the process for monitoring, approving, and certifying programs and facilities regulated by the Board of Juvenile Justice ("Board"). In keeping

with efforts to strengthen the process, the Board addressed the lack of flexibility in the certification process when dealing with noncompliance with the mandatory standards (standards requiring 100% audit compliance that have been renamed critical regulatory requirements). The previous regulations enumerated the mandatory standards in the regulation. As such, any changes to the designations would be made through the full regulatory process. The current language allows the Board to designate which regulatory requirements will be defined as critical regulatory requirements (proposed section 6VAC35-20-150) through a two step process. Below is the applicable provision from the Certification Regulation:

6VAC35-20-150. Critical regulatory requirements for juvenile residential facilities.

- A. The board has the sole authority for designating critical regulatory requirements. The board shall identify the designated critical regulatory requirements at the first board meeting after the final regulation is published in the Virginia Register.
- B. The designated critical regulatory requirements may be amended by a majority of the board at a regularly scheduled board meeting only when (i) the proposed change was raised at a board meeting but not voted upon and a date for final consideration and voting is set at that meeting; (ii) notice of the proposed change is posted with the notice of board meeting designated for discussion and voting; (iii) consideration of the change is placed on the board meeting agenda at which a vote is anticipated; and (iii) written notice is provided to the facility administrators prior to the board meeting at which the vote is anticipated.
- C. A request to review the critical regulatory requirements can be made by any person at any time.
- D. The list of designated critical regulatory requirements shall be posted on the department's website at <http://www.djj.virginia.gov>.

To assist the Board with identifying which regulatory requirements should be designated as critical, an advisory committee was formed with stakeholders and representation from the group homes, locally and regionally operated detention centers, juvenile correctional centers, and Department representatives including regional program managers and staff from the certification and legislative and research units. The committee met five times over the past three years as the regulations have proceeded through the regulatory process. The committee reviewed and compared performance based mandatory standards issued by the American Correctional Association (ACA) to existing mandatory standards for the group homes, detention centers, and juvenile correctional centers. The committee created a chart identifying ACA mandatory standards, current mandatory standards, and the proposed group home, detention center, and juvenile correctional center regulatory requirements. The committee then met and discussed which regulatory requirements should be proposed to be identified as critical regulatory requirements.

III. Proposed Designation for Current Regulations:

The Standards for Interim Regulation of Children's Residential Facilities (6VAC35-51) and the Standards for Juvenile Residential Facilities (6VAC35-140) are currently in effect and will remain in effect until January 1, 2014 when the new residential regulations become effective. The proposed critical regulatory requirements for the two regulations consist of the mandatory standards previously identified in the Regulations Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs (6VAC35-20-150, Mandatory Standards for Juvenile Residential Facilities).

Designating the former mandatory regulatory requirements as the critical regulatory requirements until the new residential regulations take effect allows the Director to take certification action and the certification unit to continue conducting audits during this interim period. The proposed critical regulatory requirements for the two regulations address the following regulatory requirements:

- Health screening at admission
- Fire safety
- Health authority
- Chemical agents
- Mechanical restraints
- Monitoring restrained residents
- Fitness for duty
- Staff training requirements
- Building inspections/maintenance
- Proper disposal of garbage/waste/pest control
- Development and implementation of health care procedures
- Provision of medical examinations and treatment
- Medication administration
- Nutrition
- Prohibited acts
- Reporting requirements for suspected child abuse or neglect
- Emergency and evacuation procedures

The attached document identifies the specific proposed critical regulatory requirements.

IV. Proposed Designation for Regulations Effective January 1, 2014:

The Regulation Governing Juvenile Group Homes and Halfway Houses (6VAC35-41); the Regulation Governing Juvenile Correctional Centers (6VAC35-71); the Regulation Governing Juvenile Secure Detention Centers (6VAC35-101) become effective January 1, 2014. The proposed critical regulatory requirements for the three regulations address the following regulatory requirements:

- Emergency and evacuation procedures

- Fire safety
- Hazardous materials and chemicals
- Tool control
- Chemical agents
- Use of physical restraint
- Meal nutrition
- Health procedures, screening, services, records, and medication
- Health authority
- Waste disposal
- Mental health screening
- Suicide prevention
- Staff training
- Staff fitness for duty
- Humane treatment of residents
- Reporting of serious incidents and suspected child abuse and neglect
- Employee background checks
-

The attached document identifies the specific proposed critical regulatory requirements.

**The Standards for Interim Regulation of Children's Residential Facilities (6VAC35-51)
and the Standards for Juvenile Residential Facilities (6VAC35-140)**

Proposed Critical Regulatory Requirements

The proposed critical regulatory requirements for the two regulations address the following regulatory requirements:

- Health screening at admission 6VAC35-140-190
- Fire safety 6VAC35-140-340
- Health authority 6VAC35-140-460
- Chemical agents 6VAC35-140-660
- Mechanical Restraints 6VAC35-140-680
- Monitoring restrained residents 6VAC35-140-690
- Fitness for duty 6VAC35-51-260
- Staff training requirements 6VAC35-51-310 A(2)
- Building inspections/maintenance 6VAC35-51-420 A, B, F
- Proper disposal of garbage/waste/ pest control 6VAC35-51-600 B, C
- Development and implementation of health care procedures 6VAC35-51-790 A, B
- Provision of medical examinations and treatment 6VAC35-51-800 D, E, F, G, H, I, J, K
- Medication administration 6VAC35-51-810 A, B, C, D, E, F, G, J, K
- Nutrition 6VAC35-51-820
- Prohibited acts 6VAC35-51-880
- Reporting requirements for suspected child abuse or neglect 6VAC35-51-1040. C, D
- Emergency and evacuation procedures 6VAC35-51-1060 A, B, G, H, I, J, K, L, M, N

6VAC35-140-190. Health screening at admission.

Written policy, procedure and practice of the juvenile residential facility shall require that:

1. To prevent newly-arrived residents who pose a health or safety threat to themselves or others from being admitted to the general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health-trained staff, using a health screening form that has been approved by the facility's health authority.
2. Youth admitted to the juvenile residential facility who pose a health or safety threat to themselves or others are not admitted to the facility's general population but provision shall be made for them to receive comparable services.
3. Immediate health care is provided to residents who need it.

6VAC35-140-340. Fire prevention.

- A. There shall be a fire prevention plan in each juvenile residential facility that provides for an adequate fire protection service.
- B. The juvenile residential facility shall have receptacles for disposing of flammable materials.
- C. All flammable, toxic and caustic materials within the juvenile residential facility shall be stored and used in accord with federal, state and local requirements.
- D. Flame retardant and nontoxic materials shall be used in construction and furnishings of the juvenile residential facility.

6VAC35-140-460. Health authority.

A physician, health administrator or health agency shall be designated the health authority responsible for arranging all levels of health care in the secure facility, consistent with law and medical ethics.

6VAC35-140-660. Chemical agents.

Pepper spray and related chemical agents for security may be used by staff only when the board has approved the use of a specific chemical agent in an individual facility based on a demonstrated compelling security need and the establishment of adequate safeguards in accordance with guidelines issued by the board.

6VAC35-140-680. Training required to use mechanical restraints.

If a secure facility uses mechanical restraints, written policy, procedure and practice shall provide that all staff who are authorized to use restraints shall receive department-approved training in their use, including how to check the resident's circulation and how to check for injuries; only properly trained staff shall use restraints

6VAC35-140-690. Monitoring restrained residents.

Written policy, procedure and practice shall provide that when a resident of a secure facility is placed in restraints staff shall:

1. Provide for the resident's reasonable comfort and ensure the resident's access to water, meals and toilet, and;
2. Make a direct personal check on the resident at least every 15 minutes and more often if the resident's behavior warrants; and
3. If the resident exhibits self-injurious behavior keep the youth under constant visual supervision along an uninterrupted line of sight, either directly, or through windows, or via video monitoring

6VAC35-51-260. Physical or mental health of personnel.

A. The provider or the regulatory authority may require a report of examination by a licensed physician or mental health professional when there are indications that an individual's physical, mental, or emotional health may jeopardize the care of residents.

B. An individual who is determined by a licensed physician or mental health professional to show an indication of a physical or mental condition that may jeopardize the safety of residents or that would prevent the performance of duties shall be removed immediately from contact with residents and food served to residents until the condition is cleared as evidenced by a signed statement from the physician or mental health professional.

6VAC35-51-310. Staff development. [A(2)]

A. Required initial training:

.....2. Within 14 days following an individual's begin date, or before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include:

- a. Alerting emergency personnel and sounding alarms;
- b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);

- c. Using, maintaining, and operating emergency equipment;
- d. Accessing emergency information for residents including medical information; and
- e. Utilizing community support services.....

6VAC35-51-420. Buildings, inspections, and building plans. [A, B, F]

A. All buildings and building related-equipment shall be inspected and approved by the local building official. Approval shall be documented by a certificate of occupancy.

B. The facility shall document at the time of its original application evidence of consultation with state or local fire prevention authorities.....

...F. Building plans and specifications for new construction, change in use of existing buildings, and any structural modifications or additions to existing buildings shall be submitted to and approved by the regulatory authority and by other appropriate regulatory authorities.

6VAC35-51-600. Housekeeping and maintenance. [B, C]

....B. Adequate provision shall be made for the collection and legal disposal of garbage and waste materials.

C. Buildings shall be kept free of flies, roaches, rats, and other vermin.....

6VAC35-51-790. Health care procedures. [A, B]

A. The provider shall have and implement written procedures for promptly:

1. Providing or arranging for the provision of medical and dental services for health problems identified at admission;
2. Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission;
3. Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian;
4. Providing emergency services for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems; and
5. Ensuring that the required information in subsection B of this section is accessible and up to date.

B. The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency:

1. Name, address, and telephone number of the physician and dentist to be notified;
2. Name, address, and telephone number of a relative or other person to be notified;
3. Medical insurance company name and policy number or Medicaid number;

4. Information concerning:

- a. Use of medication;
- b. All allergies, including medication allergies;
- c. Substance abuse and use; and
- d. Significant past and present medical problems; and

5. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent.

Subdivisions 3 and 5 of this subsection do not apply to secure detention facilities except when a resident is confined in postdispositional detention....

6VAC35-51-800. Medical examinations and treatment. [D,E, F, G, H, I, J, K]

...D. Each resident's health record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.

E. Each physical examination report shall include:

1. Information necessary to determine the health and immunization needs of the resident, including:

- a. Immunizations administered at the time of the exam;
- b. Vision exam;
- c. Hearing exam;
- d. General physical condition, including documentation of apparent freedom from communicable disease including tuberculosis;
- e. Allergies, chronic conditions, and handicaps, if any;
- f. Nutritional requirements, including special diets, if any;
- g. Restrictions on physical activities, if any; and
- h. Recommendations for further treatment, immunizations, and other examinations indicated.

2. Date of the physical examination; and

3. Signature of a licensed physician, the physician's designee, or an official of a local health department.

F. A child with a communicable disease shall not be admitted unless a licensed physician certifies that:

- 1. The facility is capable of providing care to the child without jeopardizing residents and staff; and

2. The facility is aware of the required treatment for the child and the procedures to protect residents and staff.

The requirements of this subsection shall not apply to temporary shelters and secure detention facilities.

G. Each resident's health record shall include written documentation of (i) an annual examination by a licensed dentist, and (ii) documentation of follow-up dental care recommended by the dentist or as indicated by the needs of the resident. This requirement does not apply to secure detention facilities, temporary care facilities, and respite care facilities.

H. Each resident's health record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given.

I. Each resident's health record shall include, or document the facility's efforts to obtain, treatment summaries of ongoing psychiatric or other mental health treatment and reports, if applicable. This subsection does not apply to secure detention facilities except when a juvenile is confined in detention with a suspended commitment to DJJ.

J. The provider shall develop and implement written policies and procedures that include use of standard precautions and addresses communicable and contagious medical conditions. These policies and procedures shall be approved by a medical professional.

K. A well-stocked first-aid kit shall be maintained and readily accessible for minor injuries and medical emergencies.

6VAC35-51-810. Medication. [A, B, C, D, E, F, G, J, K.]

A. All medication shall be securely locked and properly labeled.

B. All staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications before they can administer medication.

C. Staff authorized to administer medication shall be informed of any known side effects of the medication and the symptoms of the effects.

D. A program of medication, including over-the-counter medication, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.

E. Medication prescribed by a person authorized by law shall be administered as prescribed.

F. A medication administration record shall be maintained of all medicines received by each resident and shall include:

1. Date the medication was prescribed;
2. Drug name;
3. Schedule for administration;
4. Strength;
5. Route;

6. Identity of the individual who administered the medication; and

7. Dates the medication was discontinued or changed.

G. In the event of a medication error or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented....

...J. The telephone number of a regional poison control center and other emergency numbers shall be posted on or next to each nonpay telephone that has access to an outside line in each building in which children sleep or participate in programs.

K. Syringes and other medical implements used for injecting or cutting skin shall be locked

6VAC35-51-820. Nutrition.

A. Each resident shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals and an evening snack, (ii) includes an adequate variety and quantity of food for the age of the resident, and (iii) meets minimum nutritional requirements and the U.S. Dietary Guidelines.

B. Menus of actual meals served shall be kept on file for at least six months.

C. Special diets shall be provided when prescribed by a physician, and the established religious dietary practices of the resident shall be observed.

D. Staff who eat in the presence of the residents shall be served the same meals as the residents unless a special diet has been prescribed by a physician for the staff or residents or the staff or residents are observing established religious dietary practices.

E. There shall not be more than 15 hours between the evening meal and breakfast the following day.

F. Providers shall assure that food is available to residents who need to eat breakfast before the 15 hours have expired.

G. Providers shall receive approval from their regulatory authority if they wish to extend the time between meals on weekends and holidays. There shall never be more than 17 hours between the evening meal and breakfast the following day on weekends and holidays.

6VAC35-51-880. Prohibitions.

The following actions are prohibited:

1. Deprivation of drinking water or food necessary to meet a resident's daily nutritional needs, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;

2. Limitation on contacts and visits with the resident's attorney, a probation officer, regulators, or placing agency representative;

3. Bans on contacts and visits with family or legal guardians, except as permitted by other applicable state regulations or by order of a court of competent jurisdiction;

4. Delay or withholding of incoming or outgoing mail, except as permitted by other applicable state and federal regulations or by order of a court of competent jurisdiction;
5. Any action that is humiliating, degrading, or abusive;
6. Corporal punishment;
7. Subjection to unsanitary living conditions;
8. Deprivation of opportunities for bathing or access to toilet facilities, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;
9. Deprivation of health care;
10. Deprivation of appropriate services and treatment;
11. Application of aversive stimuli, except as permitted pursuant to other applicable state regulations;
12. Administration of laxatives, enemas, or emetics, except as ordered by a licensed physician or poison control center for a legitimate medical purpose and documented in the resident's record;
13. Deprivation of opportunities for sleep or rest, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record; and
14. Limitation on contacts and visits with advocates employed by DMHMRSAS or the Virginia Office for Protection and Advocacy.

6VAC35-51-1040. Suspected child abuse or neglect. [C, D]

...C. Any case of suspected child abuse or neglect occurring at the facility, on a facility-sponsored event or excursion, or involving facility staff shall be reported immediately (i) to the regulatory authority and placing agency, and (ii) to either the resident's parent or legal guardian, or both, as appropriate.

D. When a case of suspected child abuse or neglect is reported to child protective services, the resident's record shall include:

1. The date and time the suspected abuse or neglect occurred;
2. A description of the suspected abuse or neglect;
3. Action taken as a result of the suspected abuse or neglect; and
4. The name of the person to whom the report was made at the local child protective services unit.

6VAC35-51-1060. Emergency and evacuation procedures. [A, B, G, H, I, J, K, L, M, N]

A. The provider shall develop a written emergency preparedness and response plan for all locations. The plan shall address:

1. Documentation of contact with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency;

2. Analysis of the provider's capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, work place violence or terrorism, missing persons, severe injuries, or other emergencies that would disrupt the normal course of service delivery;

3. Written emergency management policies outlining specific responsibilities for provision of administrative direction and management of response activities, coordination of logistics during the emergency, communications, life safety of employees, contractors, students/interns, volunteers, visitors and residents, property protection, community outreach, and recovery and restoration;

4. Written emergency response procedures for assessing the situation; protecting residents, employees, contractors, students/interns, volunteers, visitors, equipment and vital records; and restoring services. Emergency procedures shall address:

- a. Communicating with employees, contractors, and community responders;
- b. Warning and notification of residents;
- c. Providing emergency access to secure areas and opening locked doors;
- d. Conducting evacuations to emergency shelters or alternative sites and accounting for all residents;
- e. Relocating residents, if necessary;
- f. Notifying family members and legal guardians;
- g. Alerting emergency personnel and sounding alarms; and
- h. Locating and shutting off utilities when necessary;

5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters; and

6. Schedule for testing the implementation of the plan and conducting emergency preparedness drills.

B. The provider shall develop emergency preparedness and response training for all employees, contractors, students/interns, and volunteers that shall include responsibilities for:

- 1. Alerting emergency personnel and sounding alarms;
- 2. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);
- 3. Using, maintaining, and operating emergency equipment;
- 4. Accessing emergency information for residents including medical information; and
- 5. Utilizing community support services...

... G. Floor plans showing primary and secondary means of egress shall be posted on each floor in locations where they can easily be seen by staff and residents.

H. The procedures and responsibilities reflected in the emergency procedures shall be communicated to all residents within seven days following admission or a substantive change in the procedures.

I. At least one evacuation drill (the simulation of the facility's emergency procedures) shall be conducted each month in each building occupied by residents.

J. Evacuation drills shall include, at a minimum:

1. Sounding of emergency alarms;
2. Practice in evacuating buildings;
3. Practice in alerting emergency authorities;
4. Simulated use of emergency equipment; and
5. Practice in securing resident emergency information.

K. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.

L. A record shall be maintained for each evacuation drill and shall include the following:

1. Buildings in which the drill was conducted;
2. Date and time of drill;
3. Amount of time to evacuate the buildings;
4. Specific problems encountered;
5. Staff tasks completed including:
 - a. Head count, and
 - b. Practice in notifying emergency authorities; and
6. The name of the staff members responsible for conducting and documenting the drill and preparing the record.

M. The record for each evacuation drill shall be retained for three years after the drill.

N. The facility shall assign one staff member who shall ensure that all requirements regarding the emergency preparedness and response plan and the evacuation drill program are met.

**PROPOSED MANDATORY STANDARDS TO CRITICAL REGULATORY REQUIREMENTS
STATE BOARD OF JUVENILE JUSTICE (UPDATED NOVEMBER 2013)**

The proposed critical regulatory requirements for the three regulations address the following regulatory requirements:

- Emergency and evacuation procedures 6VAC35-71-460 A, B, I; 6VAC35-101-510 A, B, I; 6VAC35-41-490 A, B, I
- Fire safety 6VAC35-71-280 B; 6VAC35-101-350 B; 6VAC35-41-350 B
- Hazardous materials and chemicals. 6VAC35-71-390 A, B; 6VAC35-101-450 A, B; 6VAC35-41-430 A, B
- Tool Control 6VAC35-71-420 B; 6VAC35-101-480 B
- Chemical Agents 6VAC35-71-1170; 6VAC35-101-1120; 6VAC35-41-1330
- Use of physical restraint 6VAC35-71-1130 A, B; 6VAC35-101-1090 A, B; 6VAC35-41-1320 A, B
- Meal nutrition 6VAC35-71-630 A, B; 6VAC35-101-740 A; 6VAC35-41-650 A, B
- Health procedures, screening, services, records, and medication 6VAC35-71-900 A; 6VAC35-101-950 A; 6VAC35-41-1170 A; 6VAC35-71-1000 A; 6VAC35-101-1010 A; 6VAC35-41-1230 A; 6VAC35-71-940.; 6VAC35-101-980 A, B, C; 6VAC35-41-1200; 6VAC35-71-960 B, C; 6VAC35-41-1220 B; 6VAC35-71-970 A, B, C; 6VAC35-71-1020A; 6VAC35-101-1030A, 6VAC35-41-1250 A; 6VAC35-71-950 A, B; 6VAC35-101-990 A, B; 6VAC35-41-1210 A, B; 6VAC35-71-1070 A, B, C, E, H, J, M; 6VAC35-101-1060 A, B, C, E, H, J, M; 6VAC35-41-1280 A, B, C, E, H, J, M; 6VAC35-71-1200; 6VAC35-101-1150
- Health Authority 6VAC35-71-880A; 6VAC35-101-930.
- Waste disposal 6VAC35-71-380; 6VAC35-101-450 A; 6VAC35-41-430 A
- Mental health screening 6VAC35-101-820 A
- Suicide prevention 6VAC35-71-805; 6VAC35-101-1020; 6VAC35-41-1240
- Staff training 6VAC35-71-170 D; 6VAC35-101-900 D; 6VAC35-41-920 E
- Staff fitness for duty 6VAC35-101-260; 6VAC35-41-260
- Humane treatment of residents 6VAC35-71-550; 6VAC35-101-650; 6VAC35-41-560
- Reporting of serious incidents and suspected child abuse and neglect 6VAC35-71-70 B; 6VAC35-101-80 A; 6VAC35-41-90 A
- Employee background checks 6VAC35-71-140 A; 6VAC35-101-170A; 6VAC35-41-180 A

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
Fire Safety Codes and Inspections Survey: fire prevention plan – 82.35%	<p>JCC - 1B-01: The facility conforms to applicable federal, state and/or local fire safety codes.</p> <p>JDC - 3-JDF-3B-01. Written policy, procedure, and practice specify the facility's fire prevention regulations and practices. These include but are not limited to the following:</p> <ul style="list-style-type: none"> • provision for an adequate fire protection service • <p>JDC - 3-JDF-2A-03 The facility conforms to applicable federal, state, and/or local fire safety codes. Compliance is documented by the authority having jurisdiction. ...</p> <p>GH - 3-JCRF-2A-03. Exits in the facility are in compliance with state or local fire authorities or the authority having jurisdiction.</p> <p>GH - JCRF-3B-01. The facility complies with the regulations of the state or local fire safety authority, whichever has primary jurisdiction over the facility.</p> <p>GH - 3-JCRF-3B-02. Written policy, procedure, and practice specify fire prevention regulations and practices to ensure the safety of staff, juveniles, and visitors. These include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • provision for an adequate fire protection service <p>GH - 3-JCRF-3B-08. Written emergency plans are disseminated to appropriate local authorities. Directions to and the location of exits, fire extinguishers, first aid equipment, and other</p>	<p>35-140-340</p> <p>A. There shall be a fire prevention plan that provides for an adequate fire protection service.</p>	<p>6VAC35-71-460. Emergency and evacuation procedures. A. Each JCC shall have a written emergency preparedness and response plan. The plan shall address:</p> <ol style="list-style-type: none"> 1. Documentation of contact with the local emergency coordinator to determine (i) local disaster risks; (ii) communitywide plans to address different disasters and emergency situations; and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency; 2. Analysis of the facility's capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, workplace violence or terrorism, missing persons, severe injuries, or other emergencies that would disrupt the normal course of service delivery; 3. Written emergency management procedures outlining specific responsibilities for (i) provision of administrative direction and management of response activities; (ii) coordination of logistics during the emergency; (iii) communications; (iv) life safety of employees; 	<p>6VAC35-101-510. Emergency and evacuation procedures. A. A written emergency preparedness and response plan shall be developed. The plan shall address:</p> <ol style="list-style-type: none"> 1. Documentation of contact with the local emergency coordinator to determine (i) local disaster risks; (ii) communitywide plans to address different disasters and emergency situations; and (iii) assistance, if any, that the local emergency management office will provide to the detention center in an emergency; 2. Analysis of the detention center's capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, work place violence or terrorism, missing persons, severe injuries, or other emergencies that would disrupt the normal course of service delivery; 3. Written emergency management procedures outlining specific responsibilities for provision of administrative direction and management of response activities; 	<p>6VAC35-41-490. Emergency and evacuation procedures. A. The provider shall develop a written emergency preparedness and response plan for each facility. The plan shall address:</p> <ol style="list-style-type: none"> 1. Documentation of contact with the local emergency coordinator to determine (i) local disaster risks; (ii) communitywide plans to address different disasters and emergency situations; and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency; 2. Analysis of the provider's capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, work place violence or terrorism, missing persons, severe injuries, or other emergencies that would disrupt the normal course of service delivery; 3. Written emergency management procedures outlining specific responsibilities for provision of administrative direction

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed ICC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	emergency equipment are posted in the facility.		<p>contractors, interns, volunteers, visitors, and residents; (v) property protection; (vi) community outreach; and (vii) recovery and restoration;</p> <p>4. Written emergency response procedures for (i) assessing the situation; (ii) protecting residents, employees, contractors, interns, volunteers, visitors, equipment, and vital records; and (iii) restoring services shall address:</p> <p>a. Communicating with employees, contractors, and community responders;</p> <p>b. Warning and notification of residents;</p> <p>c. Providing emergency access to secure areas and opening locked doors;</p> <p>d. Requiring fire and emergency keys that are instantly identifiable by sight and touch;</p> <p>e. Conducting evacuations to emergency shelters or alternative sites and accounting for all residents;</p> <p>f. Relocating residents, if necessary;</p> <p>g. Notifying parents and legal guardians, as applicable and appropriate;</p> <p>h. Alerting emergency personnel and sounding alarms;</p> <p>i. Locating and shutting off utilities when necessary, and</p> <p>j. Providing for a planned,</p>	<p>coordination of logistics during the emergency; life safety of employees, contractors, interns, volunteers, visitors, and residents; property protection; fire protection service; community outreach; and recovery and restoration;</p> <p>4. Written emergency response procedures for assessing the situation; protecting residents, employees, contractors, interns, volunteers, and visitors; equipment and vital records; and restoring services.</p> <p>Emergency procedures shall address:</p> <p>a. Communicating with employees, contractors, and community responders;</p> <p>b. Warning and notification of residents;</p> <p>c. Providing emergency access to secure areas and opening locked doors;</p> <p>d. Conducting evacuations to emergency shelters or alternative sites and accounting for all residents;</p> <p>e. Relocating residents, if necessary;</p> <p>f. Notifying parents and legal guardians, as applicable and appropriate;</p> <p>g. Alerting emergency</p>	<p>and management of response activities; coordination of logistics during the emergency; communications; life safety of employees, contractors, interns, volunteers, visitors and residents; property protection; community outreach; and recovery and restoration;</p> <p>4. Written emergency response procedures for assessing the situation; protecting residents, employees, contractors, interns, volunteers, visitors, equipment and vital records; and restoring services.</p> <p>Emergency procedures shall address:</p> <p>a. Communicating with employees, contractors, and community responders;</p> <p>b. Warning and notification of residents;</p> <p>c. Providing emergency access to secure areas and opening locked doors;</p> <p>d. Conducting evacuations to emergency shelters or alternative sites and accounting for all residents;</p> <p>e. Relocating residents, if necessary;</p> <p>f. Notifying parents and legal guardians, as applicable and appropriate;</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
Fire and Evacuation and Training (training requirement)	<p>JCC - 1B-03: Facility staff are trained in and knowledgeable about fire and emergency evacuation plans and procedures, which include but are not limited to the following elements: ...</p> <p>JDC - 3-JDF-3B-10. The facility has a written evacuation plan prepared in the event of fire or major emergency that is certified by an independent, outside inspector trained in the application or</p>	<p>42-11-310A 2. Within 14 days following an individual's begin date, or before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: a. Alerting emergency personnel and sounding</p>	<p>personalized means of effective egress for residents who use wheelchairs, crutches, canes, or other mechanical devices for assistance in walking. 5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters; and 6. Schedule for testing the implementation of the plan and conducting emergency preparedness drills.</p>	<p>personnel and sounding alarms; h. Locating and shutting off utilities when necessary; and i. Providing for a planned, personalized means of effective egress for residents who use wheelchairs, crutches, canes, or other mechanical devices for assistance in walking. 5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters; and 6. Schedule for testing the implementation of the plan and conducting emergency preparedness drills.</p>	<p>g. Alerting emergency personnel and sounding alarms; h. Locating and shutting off utilities when necessary; and i. Providing for a planned, personalized means of effective egress for residents who use wheelchairs, crutches, canes, or other mechanical devices for assistance in walking. 5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters; and 6. Schedule for testing the implementation of the plan and conducting emergency preparedness drills.</p>
Survey: emergency and evacuation plans – 84.85%			<p>6VAC35-71-460. Emergency and evacuation procedures B. All employees shall be trained to ensure they are prepared to implement the emergency preparedness plan in the event of an emergency. Such training shall include the employees' responsibilities for: 1. Alerting emergency</p>	<p>6VAC35-101-510. Emergency and evacuation procedures. B. Emergency preparedness and response training shall be developed for all employees to ensure they are prepared to implement the emergency preparedness plan in the event of an emergency.</p>	<p>6VAC35-41-490. Emergency and evacuation procedures. B. The provider shall develop emergency preparedness and response training for all employees to ensure they are prepared to implement the emergency preparedness plan in the</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	<p>appropriate codes. The plan is reviewed annually, updated as needed, and reissued to the local fire jurisdiction. The plan includes the following:</p> <ul style="list-style-type: none"> location of building/room floor plan use of exit signs and directional arrows for traffic flow location of publicly posted plan monthly drills in all occupied locations of the facility <p>staff drills when evacuation of dangerous juveniles may not be included</p> <p>JDC - 3-JDF-3B-11. All facility personnel are trained in the implementation of written emergency plans. Work stoppage and riot/disturbance plans are communicated only to the appropriate supervisory or other personnel directly involved in the implementation of those plans.</p> <p>GH - 3-JCRF-3B-07. Written policy, procedure, and practice provide that fire drills are conducted at least monthly.</p> <p>GH - 3-JCRF-3B-06. The facility has a written evacuation plan prepared in the event of a fire or major emergency that is certified by an independent, outside inspector trained in the application of national fire safety codes. The plan is reviewed annually, updated if necessary, and reissued to the local fire jurisdiction. The plan includes the following:</p> <ul style="list-style-type: none"> location of building/room floor plan use of exit signs and directional 	<p>alarms;</p> <p>b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);</p> <p>c. Using, maintaining, and operating emergency equipment;</p> <p>d. Accessing emergency information for residents including medical information; and</p> <p>e. Utilizing community support services.</p>	<p>personnel and sounding alarms;</p> <p>2. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);</p> <p>3. Using, maintaining, and operating emergency equipment;</p> <p>4. Accessing emergency information for residents including medical information; and</p> <p>5. Utilizing community support services....</p>	<p>Such training shall be conducted in accordance with 6VAC35-101-180 (required initial orientation) through 6VAC35-101-200 (retraining) and include the employees' responsibilities for:</p> <p>1. Alerting emergency personnel and sounding alarms;</p> <p>2. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);</p> <p>3. Using, maintaining, and operating emergency equipment;</p> <p>4. Accessing emergency information for residents including medical information; and</p> <p>5. Utilizing community support services....</p>	<p>event of an emergency. Such training shall include the employees' responsibilities for:</p> <p>1. Alerting emergency personnel and sounding alarms;</p> <p>2. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);</p> <p>3. Using, maintaining, and operating emergency equipment;</p> <p>4. Accessing emergency information for residents including medical information; and</p> <p>5. Utilizing community support services....</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	<p>arrows for traffic flow</p> <ul style="list-style-type: none"> location of publicly posted plan monthly drills in all facility locations <p>GH - 3-JCRF-3B-09. Written policy, procedure, and practice provide that all facility personnel are trained in the implementation of written emergency plans.</p>				
Fire and Emergency Evacuation and Training (Procedural requirements)	<p>JCC - 1B-03: ... fire and emergency evacuation plans and procedures, which include but are not limited to the following elements:</p> <p>(1) Provisions to ensure adequate emergency medical services (EMS) and fire response for the location, size, and type of facility</p> <p>(2) Procedures for reporting and notification of designated facility staff and appropriate local emergency responder(s) during an emergency or fire</p> <p>(3) Means of immediate release of juveniles from locked areas and a backup release system</p> <p>(4) Instructions for orderly and prompt evacuation, including primary and secondary routes for each area/building</p> <p>(5) Special instructions for disabled, incapacitated, and high-security juveniles</p> <p>(6) Use of exit signs and directional arrows that are easily seen and read</p> <p>(7) Evacuation drills of all occupied areas at least monthly or at intervals designated by applicable codes, whichever is more frequent</p> <p>JDC - 3-JDF-3B-10.</p> <ul style="list-style-type: none"> ...Monthly drills in all occupied locations of the 	<p>42-11-1060</p> <p>(A) 4. Written emergency response procedures for assessing the situation; protecting residents, employees, contractors, students/interns, volunteers, visitors, equipment and vital records; and restoring services. Emergency procedures shall address:</p> <p>a. Communicating with employees, contractors and community responders;</p> <p>b. Warning and notification of residents;</p> <p>c. Providing emergency access to secure areas and opening locked doors;</p> <p>d. Conducting evacuations to emergency shelters or alternative sites and accounting for all residents;</p> <p>e. Relocating residents, if necessary;</p> <p>f. Notifying family members and legal</p>	<p>6VAC35-71-460. <u>Emergency and evacuation procedures</u> ... I. At least one evacuation drill (the simulation of the facility's emergency procedures) shall be conducted each month in each building occupied by residents. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift....</p>	<p>6VAC35-101-510. <u>Emergency and evacuation procedures</u> ... I. At least one evacuation drill (the simulation of the detention center's emergency procedures) shall be conducted each month in each building occupied by residents. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift....</p>	<p>6VAC35-41-490. <u>Emergency and evacuation procedures</u> ... I. At least one evacuation drill (the simulation of the detention center's emergency procedures) shall be conducted each month in each building occupied by residents. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift....</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	<p>facility...</p> <p>JDC - 3-JDF-3B-12.</p> <p>Written policy, procedure, and practice specify the means for the immediate release of juveniles from locked areas in case of emergency and provide for a backup system.</p>	<p>guardians;</p> <p>g. Alerting emergency personnel and sounding alarms; and</p> <p>h. Locating and shutting off utilities when necessary;</p> <p>5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters; and</p> <p>6. Schedule for testing the implementation of the plan and conducting emergency preparedness drills.</p> <p>42-11-1060</p> <p>I. At least one evacuation drill (the simulation of the facility's emergency procedures) shall be conducted each month in each building occupied by residents.</p> <p>42-11-1060</p> <p>K. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.</p>			
Annual Fire Inspection	<p>JCC - 1B-01 (1): An annual fire safety inspection is conducted by the authority having jurisdiction or other qualified person(s)</p>		<p>6VAC35-71-280. Buildings and inspections.</p> <p>...B. A current copy of the facility's annual inspection</p>	<p>6VAC35-101-350. Buildings and inspections.</p> <p>...B. A current copy of</p>	<p>6VAC35-41-350. Buildings and inspections.</p> <p>....B. A current copy of</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	<p>JDC - 3-JDF-3B-01.</p> <p>...</p> <ul style="list-style-type: none"> an annual inspection by local or state officials or other qualified person(s) <p>...</p> <p>GH - 3-JCRF-3B-02.</p> <ul style="list-style-type: none"> an annual inspection by local or state officials or other qualified person(s) 		<p>by fire prevention authorities indicating that all buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51) shall be maintained. If the fire prevention authorities have failed to timely inspect the facility's buildings and equipment, the facility shall maintain documentation of its request to schedule the annual inspection, as well as documentation of any necessary follow-up. For this subsection, the definition of annual shall be defined by the Virginia Department of Fire Programs, State Fire Marshal's Office. ...</p>	<p>the facility's annual inspection by fire prevention authorities indicating that all buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51) shall be maintained. If the fire prevention authorities have failed to timely inspect the facility's buildings and equipment, documentation of the facility's request to schedule the annual inspection as well as documentation of any necessary follow-up with fire prevention authorities shall be maintained....</p>	<p>the facility's annual inspection by fire prevention authorities indicating that all buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51) shall be maintained. If the fire prevention authorities have failed to timely inspect the facility's buildings and equipment, documentation of the facility's request to schedule the annual inspection as well as documentation of any necessary follow-up with fire prevention authorities shall be maintained....</p>
Fire Prevention -- Flammable, Toxic, and Caustic Materials	<p>JCC - 1B-04: The facility prevents fire and limits the onset and spread of fire and toxic smoke through the following methods:</p> <p>(1) Furnishings and interior finish materials comply with recognized fire-safety performance requirements</p> <p>(2) Trash/refuse receptacles made of noncombustible material are provided at accessible locations throughout the facility and are emptied at least daily</p> <p>(3) All flammable items are controlled, handled, stored, and disposed of properly</p> <p>(4) Approved self-closing metal containers are provided for flammable liquids and for rags used with flammable liquids</p>	<p>35-140-340</p> <p>B. The facility shall have receptacles for disposing of flammable materials.</p> <p>35-140-340</p> <p>C. All flammable, toxic and caustic materials shall be stored and used in accord with federal, state and local requirements.</p> <p>35-140-340</p> <p>D. Flame retardant and nontoxic materials shall be used in construction and furnishings.</p>	<p>6VAC35-71-390.</p> <p>Hazardous materials and chemicals.</p> <p>A. Each facility shall have a hazard communication plan that (i) governs the evaluation of the potential hazards of chemicals used at the facility and (ii) requires the communication of information to employees concerning hazards and appropriate protective measures.</p> <p>B. All flammable, toxic, medical, and caustic materials within the JCC shall be stored, used, and</p>	<p>6VAC35-101-450.</p> <p>Disposal of garbage and management of hazardous materials.</p> <p>A. Provision shall be made for the collection and legal disposal of all garbage and waste materials.</p> <p>B. All flammable, toxic, medical, and caustic materials within the facility shall be stored, used, and disposed of in appropriate receptacles and in accordance with federal, state, and local requirements.</p>	<p>6VAC35-41-430.</p> <p>Disposal of garbage and management of hazardous materials.</p> <p>A. Provision shall be made for the collection and legal disposal of all garbage and waste materials.</p> <p>B. All flammable, toxic, medical, and caustic materials within the facility shall be stored, used, and disposed of in appropriate receptacles and in accordance with federal, state, and local requirements.</p>

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	<p>JDC - 3-JDF-2A-04. There is documentation by a qualified source that the interior finishing materials in juvenile living areas, exit areas, and places of public assembly are in accordance with recognized codes.</p> <p>JDC - 3-JDF-3B-03. Specifications for the selection and purchase of facility furnishings indicate the fire safety performance requirements of the materials selected.</p> <p>JDC - 3-JDF-3B-04. Facilities are equipped with noncombustible receptacles for smoking materials and separate containers for other combustible refuse at accessible locations throughout living quarters in the facility. Special containers are provided for flammable liquids and for rags used with flammable liquids. All receptacles and containers are emptied and cleaned daily.</p> <p>GH - 3-JCRF-3B-03. Written policy, procedure, and practice provide that the specifications for the selection and purchase of facility furnishings meet fire safety performance requirements.</p> <p>GH - 3-JCRF-3B-04. Written policy, procedure, and practice provide that where smoking is permitted, noncombustible receptacles for smoking materials and separate containers for other combustible refuse are accessible at locations throughout living quarters. Special containers are provided for flammable liquids and for rags used with flammable liquids. All receptacles</p>		disposed of in appropriate receptacles and in accordance with federal, state, and local requirements.		

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	and containers are emptied and cleaned daily.				
Tool Control	<p>JCC - 2A-25: There is a system that governs the control and use of tools, including culinary and medical equipment. Provision is made for identifying or classifying tools and utensils that can cause death or serious injury. Provisions are made for checking tools and utensils in and out based on their level of risk. Provisions are also in place to control their use at all times.</p> <p>JDC - 3-JDF-3A-23. Written policy, procedure, and practice govern the control and use of tools and culinary and medical equipment.</p> <p>GH - 3-JCRF-3A-13. Written policy, procedure, and practice govern the control and use of tools, equipment, and keys.</p>		<p>6VAC35-71-420. Kitchen operation and safety. <u>...B. The facility shall follow procedures governing access to all areas where food or utensils are stored and the inventory and control of culinary equipment to which residents reasonably may be expected to have access. ...</u></p>	<p>6VAC35-101-480. Kitchen operation and safety. <u>...B. Written procedures shall govern access to all areas where food or utensils are stored and the inventory and control of all culinary equipment to which the residents reasonably may be expected to have access. ...</u></p>	
Security Equipment Reporting Use of Force	<p>JCC - 2A-27: The level of authority, access, and conditions required for the availability, control, and use of chemical agents and equipment related to its use must be specified. Chemical agents are used only with the authorization of the facility administrator, medical director, or designee.</p> <p>(1) Chemical agents and equipment related to its use are inventoried at least monthly to determine their condition and expiration dates</p> <p>(2) Personnel using chemical agents to control juveniles submit written reports to the facility administrator or</p>	<p>35-140-660 Tear gas, mace, pepper spray and related chemical agents for security may be used by staff only when the board has approved the use of a specific chemical agent in an individual facility based on a demonstrated compelling security need and the establishment of adequate safeguards in accordance with guidelines issued by the board.</p>	<p>6VAC35-71-1170. Chemical agents. <u>Chemical agents, such as pepper spray, shall not be used by staff for behavior management or facility security purposes.</u></p>	<p>6VAC35-101-1120. Chemical agents. <u>Staff are prohibited from using pepper spray and other chemical agents to manage resident behavior or maintain institutional security.</u></p>	<p>6VAC35-41-1330. Chemical agents. <u>Staff are prohibited from using pepper spray and other chemical agents to manage resident behavior.</u></p>

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	<p>designee no later than the conclusion of the tour of duty</p> <p>(3) All persons contaminated in an incident involving the use of a chemical agent must receive an immediate medical examination and treatment</p> <p>JDC - 3-JDF-3A-26. Written policy, procedure, and practice govern the availability, control, and use of chemical agents and related security devices and specify the level of authority required for their access and use. Chemical agents are used only with the authorization of the facility administrator or designee.</p>				
Use of Physical Force	<p>JCC - 2A-29: The use of physical force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort in accordance with appropriate statutory authority. The agency has developed and implemented a plan to ensure that staff have the skills necessary to de-escalate situations and to reduce the need for physical force. In no event is physical force justifiable as punishment. Persons injured in an incident receive immediate examination and treatment. A written report is prepared following all uses of force and is submitted to administrative staff for review.</p> <p>JDC - 3-JDF-3A-30. Written policy, procedure, and practice restrict the use of physical force to instances of justifiable self-defense, protection of others,</p>	<p>6VAC35-71-1130. Physical restraint. A. Physical restraint shall be used as a last resort only after less restrictive behavior intervention techniques have failed or to control residents whose behavior poses a risk to the safety of the resident, others, or the public. 1. Staff shall use the least force necessary to eliminate the risk or to maintain security and order and shall never use physical restraint as punishment or with intent to inflict injury. 2. Trained staff members may physically restrain a resident only after less restrictive behavior interventions have</p>	<p>6VAC35-101-1090. Physical restraint. A. Physical restraint shall be used as a last resort only after less restrictive interventions have failed or to control residents whose behavior poses a risk to the safety of the resident, others, or the public. 1. Staff shall use the least force deemed reasonable to be necessary to eliminate the risk or to maintain security and order and shall never use physical restraint as punishment or with the intent to inflict injury. 2. Staff may physically restrain a resident only after less restrictive behavior interventions have failed or when</p>	<p>6VAC35-41-1320. Physical restraint. A. Physical restraint shall be used as a last resort only after less restrictive interventions have failed or to control residents whose behavior poses a risk to the safety of the resident, others, or the public. 1. Staff shall use the least force deemed reasonable to be necessary to eliminate the risk or to maintain security and order and shall never use physical restraint as punishment or with the intent to inflict injury. 2. Staff may physically restrain a resident only after less restrictive behavior interventions have failed or when</p>	

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	<p>protection of property, prevention of escapes, and to maintain or regain control, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force justifiable as punishment. A written report is prepared following all uses of force and is submitted to administrative staff for review.</p> <p>GH - 3-JCRF-3A-02. Revised August 2000 (Mandatory). Written policy, procedure, and practice restrict the use of physical force to instances of justifiable self-defense, protection of the juveniles or others, protection of property, prevention of escapes and to maintain or regain control, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force justifiable as punishment. A written report is prepared following all uses of force and is submitted to administrative staff for review.</p>		<p>failed or when failure to restrain would result in harm to the resident or others.</p> <p>3. Physical restraint may be implemented, monitored, and discontinued only by staff who have been trained in the proper and safe use of restraint.</p> <p>4. For the purpose of this section, physical restraint shall mean the application of behavior intervention techniques involving a physical intervention to prevent an individual from moving all or part of that individual's body.</p> <p>B. Each JCC shall implement written procedures governing use of physical restraint that shall include:</p> <p>1. A requirement for training in crisis prevention and behavior intervention techniques that staff may use to control residents whose behaviors pose a risk;</p> <p>2. The staff position who will write the report and time frame;</p> <p>3. The staff position who will review the report for continued staff development for improvement and the time frame for this</p>	<p>failure to restrain would result in harm to the resident or others.</p> <p>3. Physical restraint may be implemented, monitored, and discontinued only by staff who have been trained in the proper and safe use of restraint.</p> <p>4. For the purpose of this section, physical restraint shall mean the application of behavior intervention techniques involving a physical intervention to prevent an individual from moving all or part of that individual's body.</p> <p>B. Written procedures shall govern the use of physical restraint and shall include:</p> <p>1. The staff position who will write the report and time frame;</p> <p>2. The staff position who will review the report and time frame;</p> <p>3. Methods to be followed should physical restraint, less intrusive interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior;</p> <p>4. An administrative review of the use of physical restraints to ensure conformity with</p>	<p>failure to restrain would result in harm to the resident or others.</p> <p>3. Physical restraint shall be implemented, monitored, and discontinued only by staff who have been trained in the proper and safe use of restraint.</p> <p>4. Physical restraint shall mean the application of behavior intervention techniques involving a physical intervention to prevent an individual from moving all or part of that individual's body.</p> <p>B. Written procedures governing use of physical restraint shall include:</p> <p>1. The staff position who will write the report and time frame;</p> <p>2. The staff position who will review the report and time frame; and</p> <p>3. Methods to be followed should physical restraint, less intrusive interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior.</p> <p>C. All physical restraints shall be reviewed and evaluated to plan for continued staff development for performance</p>

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			<p>review;</p> <p>4. Methods to be followed should <u>physical restraint, less intrusive behavior interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior; and</u></p> <p>5. Identification of control techniques that are appropriate for identified levels of risk.</p>	<p>the procedures....</p>	<p>improvement....</p>
Dietary Allowances	<p>JCC - 4A-03: A qualified nutritionist or dietician reviews and approves the facility's dietary menus at least annually to ensure nationally recommended, age-appropriate, daily allowances for basic nutrition are met. Food service supervisory staff shall verify adherence to the established basic daily servings and shall conduct menu evaluations at least quarterly.</p> <p>JDC - 3-JDF-4A-03. There is documentation that the facility's system of dietary allowance is reviewed at least annually by a dietician to ensure compliance with nationally recommended food allowances.</p> <p>GH - 3-JCRF-4A-02. A nutritionist, dietician, or physician approves the menu and annually approves the nutritional value of the food served.</p>	<p>42-11-820 A. Each resident shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals and an evening snack, (ii) includes an adequate variety and quantity of food for the age of the resident, and (iii) meets minimum nutritional requirements and the U.S. Dietary Guidelines.</p> <p>42-11-820 C. Special diets shall be provided when prescribed by a physician and the established religious dietary practices of the resident shall be observed.</p>	<p>6VAC35-71-630. Nutrition. A. Each resident, except as provided in subsection B of this section, shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals, of which two are hot meals, and an evening snack; (ii) includes an adequate variety and quantity of food for the age of the resident; and (iii) meets the nutritional requirements of all applicable federal dietary requirements, such as U.S. Department of Agriculture (U.S.D.A.).</p>	<p>6VAC35-101-740. Nutrition. A. Each resident, except as provided in subsection B of this section, shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals and an evening snack, (ii) includes an adequate variety and quantity of food for the age of the resident, and (iii) meets minimum applicable federal nutritional requirements</p>	<p>6VAC35-41-650. Nutrition. A. Each resident, except as provided in subsection B of this section, shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals and an evening snack, (ii) includes an adequate variety and quantity of food for the age of the resident, and (iii) meets any applicable federal nutritional requirements.</p>
Special Diets	JCC - 4A-06: Therapeutic diets are		6VAC35-71-630.		6VAC35-41-650.

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	<p>prepared and served to juveniles according to written orders by a physician or other health care practitioner pursuant to federal and state law. A therapeutic diet manual is available in the food service area for reference and information.</p> <p>JDC - 3-JDF-4A-06. Therapeutic diets are provided as prescribed by appropriate clinicians. A therapeutic diet manual is available in health services and food services for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten annually, or more often as clinically indicated.</p> <p>GH - 3-JCRF-4A-05. Therapeutic diets are provided as prescribed by appropriate clinicians. A therapeutic diet manual is available in health services and food services for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten annually, or more often as clinically indicated.</p>		<p><u>Nutrition.</u> <u>B. Special diets or alternative dietary schedules, as applicable, shall be provided in the following circumstances: (i) when prescribed by a physician; (ii) when necessary to observe the established religious dietary practices of the resident; or (iii) when necessary for the special management of maladaptive behavior or to maintain facility security if approved by the superintendent or designee or a mental health professional. In such circumstances, the meals shall meet the minimum nutritional requirements of all applicable federal dietary requirements, such as U.S.D.A., and any required approval shall be documented....</u></p>		<p><u>Nutrition.</u> <u>B. Special diets or alternative dietary schedules, as applicable, shall be provided in the following circumstances: (i) when prescribed by a physician or (ii) when necessary to observe the established religious dietary practices of the resident. In such circumstances, the meals shall meet the minimum nutritional requirements of the U.S. Dietary Guidelines.</u> ...</p>
Waste Disposal	<p>JCC - 1A-07 (5): Waste is disposed of according to a plan approved by the appropriate regulatory agency.</p> <p>JDC - 3-JDF-4B-04. The institution provides for a waste disposal system in accordance with an approved plan by the appropriate regulatory agency.</p>	<p>42-11-600 B. Adequate provision shall be made for the collection and legal disposal of garbage and waste materials</p>	<p><u>6VAC35-71-380. Disposal of garbage and waste.</u> <u>Provision shall be made for the collection and legal disposal of all garbage and waste materials.</u></p>	<p><u>6VAC35-101-450. Disposal of garbage and management of hazardous materials.</u> <u>A. Provision shall be made for the collection and legal disposal of all garbage and waste materials.</u></p>	<p><u>6VAC35-41-430. Disposal of garbage and management of hazardous materials.</u> <u>A. Provision shall be made for the collection and legal disposal of all garbage and waste materials.</u></p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
		<p>42-11-790</p> <p>A. The provider shall have and implement written procedures for promptly:</p> <ol style="list-style-type: none"> 1. Providing or arranging for the provision of medical and dental services for health problems identified at admission; 2. Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission; 3. Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian; 4. Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian; 5. Ensuring that the required information in subsection B of this section is accessible and 	<p>6VAC35-71-900. Health care procedures.</p> <p>A. The department shall have and implement written procedures for promptly:</p> <ol style="list-style-type: none"> 1. Providing or arranging for the provision of medical and dental services for health problems identified at admission; 2. Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission; 3. Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian, if under the age of 18, or the resident, if over the age of 18; 4. Providing emergency services for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems; and 5. Ensuring that the required information in subsection B of this section is accessible and up to date.... 	<p>6VAC35-101-950. Health care procedures.</p> <p>A. Written procedures shall be developed and implemented for:</p> <ol style="list-style-type: none"> 1. Providing or arranging for the provision of medical and dental services for health problems identified at admission; 2. Providing or arranging for the provision of ongoing and follow-up medical and dental services after admission; 3. Providing or arranging for the provision of dental services for residents who present with acute dental concerns; 4. Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian; 5. Providing emergency services for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems; and 6. Ensuring that the required information in subsection B of this section is accessible and up to date... 	<p>6VAC35-41-1170. Health care procedures.</p> <p>A. The provider shall have and implement written procedures for promptly:</p> <ol style="list-style-type: none"> 1. Arranging for the provision of medical and dental services for health problems identified at admission; 2. Arranging for the provision of routine ongoing and follow-up medical and dental services after admission; 3. Arranging for emergency medical and mental health care services, as appropriate and applicable, for each resident as provided by statute or by the agreement with the resident's legal guardian; 4. Arranging for emergency medical and mental health care services, as appropriate and applicable, for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems; and 5. Ensuring that the required information in subsection B of this section is accessible and

Topic	ACA Mandatory Standard	Current Mandatory Standard up to date.	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes up to date....
Health Screens	<p>JCC - 4C-01: Intake health screening commences upon the juvenile's arrival at the facility, excluding intrasystem transfers, and is performed by a qualified health care professional or health trained personnel. When health screening, procedures shall require a subsequent review of positive findings by a qualified health care professional.</p> <p>The responsible health care practitioner in cooperation with the health authority and facility administrator establishes written procedures and health screening protocols. All findings are recorded on a health screening form approved by the health authority. The health screening shall include at least the following:</p> <p>Inquiry into:</p> <p>(1) History of chronic illnesses and serious infectious or communicable diseases, including symptoms and treatment</p> <p>(2) Obstetrical/ gynecological history and current pregnancy status</p> <p>(3) Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions)</p> <p>(4) Current illness and health problems, including infectious or communicable diseases</p> <p>(5) Current medications</p>	<p>35-140-190</p> <p>Written policy, procedure and practice shall require that:</p> <p>1. To prevent newly-arrived residents who pose a health or safety threat to themselves or others from being admitted to the general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health-trained staff, using a health screening form that has been approved by the facility's health authority.</p> <p>35-140-190</p> <p>2. Youth admitted to the facility who pose a health or safety threat to themselves or others are not admitted to the facility's general population but provision shall be made for them to receive comparable services.</p> <p>35-140-190</p> <p>3. Immediate health care is provided to residents who need it.</p>	<p>6VAC35-71-1000.</p> <p>Infectious or communicable diseases.</p> <p>A. A resident with a known communicable disease that can be transmitted person-to-person shall not be housed in the general population unless a licensed physician certifies that:</p> <p>1. The facility is capable of providing care to the resident without jeopardizing residents and staff; and</p> <p>2. The facility is aware of the required treatment for the resident and the procedures to protect residents and staff....</p>	<p>6VAC35-101-1010.</p> <p>Infectious or communicable diseases.</p> <p>A. A resident with a communicable disease shall not be housed in the general population unless a licensed physician certifies that:</p> <p>1. The facility is capable of providing care to the resident without jeopardizing residents and staff; and</p> <p>2. The facility is aware of the required treatment for the resident and the procedures to protect residents and staff....</p>	<p>6VAC35-41-1230.</p> <p>Infectious or communicable diseases.</p> <p>A. A resident with a communicable disease shall not be admitted unless a licensed physician certifies that:</p> <p>1. The facility is capable of providing care to the resident without jeopardizing residents and staff; and</p> <p>2. The facility is aware of the required treatment for the resident and the procedures to protect residents and staff.</p> <p>The requirements of this subsection shall not apply to shelter care facilities....</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	<p>(6) Current dental problems</p> <p>(7) Recording of height and weight</p> <p>(8) Other health problems designated by the responsible physician</p> <p>Observations of the following:</p> <p>(9) Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating</p> <p>(10) Body deformities and ease of movement</p> <p>(11) Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos, and needle marks or other indications of drug abuse</p> <p>Medical disposition of the juvenile:</p> <p>(12) Cleared for general population</p> <p>(13) Cleared for general population with a referral to appropriate health care service</p> <p>(14) Referral to appropriate health care service for emergency treatment.</p> <p>When juveniles are referred for emergency treatment, their admission or return to the facility is predicated on written medical clearance.</p> <p>JDC - 3-JDF-4C-21. (Almost identical)</p> <p>GH - 3-JCRF-4C-09 (Similar)</p>				
Health Screening and Exams – Intrastystem Transfers	<p>JCC - 4C-02: All intrastystem transfer juveniles receive a health screening by a qualified health care professional or health trained personnel, which commences on their arrival at the facility. All findings are recorded on a health screening form approved by the responsible health care practitioner in cooperation with the health authority.</p>		<p>6VAC35-71-940. Health screening at admission. Written procedure shall require that:</p> <p>1. To prevent newly arrived residents who pose a health or safety threat to themselves or others from being admitted to the</p>	<p>6VAC35-101-980. Health screening at admission. A. To prevent newly arrived residents who pose a health or safety threat to themselves or others from being admitted to the general</p>	<p>6VAC35-41-1200. Health screening at admission. The facility shall require that:</p> <p>1. To prevent newly arrived residents who pose a health or safety threat to themselves or</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	<p>When health trained personnel conduct the health screening, procedures shall require a subsequent review of positive findings by a qualified health care professional. At a minimum, the health screening shall include at least the following:</p> <p>Inquiry into:</p> <p>(1) Whether the juvenile is being treated for medical or dental problems</p> <p>(2) Whether the juvenile is presently on medication</p> <p>(3) Whether the juvenile has a current medical or dental complaint</p> <p>Observations of:</p> <p>(4) General appearance and behavior</p> <p>(5) Physical deformities</p> <p>(6) Evidence of abuse or trauma</p> <p>Medical disposition of juveniles:</p> <p>(7) Cleared for general population</p> <p>(8) Cleared for general population with a referral to appropriate health care service</p> <p>(9) Referral to appropriate health care service for emergency treatment.</p> <p>When juveniles are referred for emergency treatment, their admission or return to the facility is predicated on written medical clearance.</p> <p>JDC - 3-JDF-4C-23 (almost identical)</p>		<p>general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health trained staff.</p> <p>2. Residents admitted to the facility who are identified through the screening required in subdivision 1 of this section as posing a health risk to themselves or others shall be separated from the facility's general population until they are no longer a risk. During the period of separation, the residents shall receive services approximating those available to the facility's general population, as deemed appropriate to their condition.</p> <p>3. Immediate health care is provided to residents who need it.</p>	<p>population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health-trained personnel, as defined in 6VAC35-101-10 (definitions), as approved by the health authority.</p> <p>B. Residents admitted who pose a health or safety threat to themselves or others shall be separated from the detention center's general population but provision shall be made for them to receive comparable services.</p> <p>C. Immediate health care is provided to residents who need it.</p>	<p>others from being admitted to the general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health-trained staff. As necessary to maintain confidentiality, all or a portion of the interview shall be conducted with the resident without the presence of the parent or guardian.</p> <p>2. Residents admitted to the facility who pose a health or safety threat to themselves or others shall not be admitted to the facility's general population but provision shall be made for them to receive comparable services.</p> <p>3. Immediate health care is provided to residents who need it.</p>
Health Appraisals and Examination	<p>JCC - 4C-03: All juveniles, excluding intrasystem transfers, shall receive an intake health appraisal and examination within 14 days of the juvenile's arrival at the facility. If there is documented evidence of a health examination within the</p>		<p>6VAC35-71-960. Medical examinations.</p> <p>...B. For residents transferring from one JCC to another, the report of a medical examination within the preceding 13 months</p>		<p>6VAC35-41-1220. Medical examinations and treatment.</p> <p>...B. Each resident shall have an annual physical examination by or under the direction of a licensed</p>

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	<p>previous 90 days, a new health examination is not required, except as determined by the responsible health care practitioner. The health care practitioner in cooperation with the health authority approves health appraisal and examination data collection and documentation format.</p> <p>The health appraisal, completed by a qualified health care professional, shall include at least the following:</p> <ol style="list-style-type: none"> (1) Review of the earlier admission screenings (2) Review of the results of the previous medical examinations, tests, and identification of problems (3) Recording of height, weight, and vital signs (pulse, blood pressure, respiration, and temperature) (4) Collection of additional data to complete the medical, dental, mental health, and immunization histories (5) Consultation with a health care practitioner, as appropriate. <p>The health examination, completed by a health care practitioner, shall include at least the following:</p> <ol style="list-style-type: none"> (6) Review of the earlier admission screening results, appraisal data, previous medical examinations, testing, and health problems (7) Physical examination, including review of mental and dental status (8) Request for any additional data to complete the medical, dental, mental health, and immunization histories (9) Orders for laboratory and/or diagnostic tests to detect communicable disease, including sexually transmitted diseases and tuberculosis 		<p>shall be acceptable.</p> <p>C. Each resident shall have an annual physical examination by or under the direction of a licensed physician.</p>		<p>physician and an annual dental examination by a licensed dentist.</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	(10) Other tests and examinations, as appropriate (11) Initiation of therapy, when appropriate (12) Development and implementation of a treatment plan, including recommendations concerning housing and program participation				
Health Appraisals and Examination	<p>JCC - 4C-03: All juveniles, excluding intrasystem transfers, shall receive an intake health appraisal and examination within 14 days of the juvenile's arrival at the facility. If there is documented evidence of a health examination within the previous 90 days, a new health examination is not required, except as determined by the responsible health care practitioner. The health care practitioner in cooperation with the health authority approves health appraisal and examination data collection and documentation format.</p> <p>The health appraisal, completed by a qualified health care professional, shall include at least the following:</p> <p>(1) Review of the earlier admission screenings</p> <p>(2) Review of the results of the previous medical examinations, tests, and identification of problems</p> <p>(3) Recording of height, weight, and vital signs (pulse, blood pressure, respiration, and temperature)</p> <p>(4) Collection of additional data to complete the medical, dental, mental health, and immunization histories</p> <p>(5) Consultation with a health care practitioner, as appropriate.</p> <p>The health examination, completed by</p>		<p>6VAC35-71-970. Dental examinations.</p> <p><u>A. Within seven days of arrival at a JCC, all residents who are not directly transferred from another JCC shall undergo a dental examination by a dentist.</u></p> <p><u>B. For residents transferring from one JCC to another, the report of a dental examination within the preceding 13 months shall be acceptable.</u></p> <p><u>C. Each resident shall have an annual dental examination by a dentist and routine prophylactic treatment.</u></p>		

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	<p>a health care practitioner, shall include at least the following:</p> <p>(6) Review of the earlier admission screening results, appraisal data, previous medical examinations, testing, and health problems</p> <p>(7) Physical examination, including review of mental and dental status</p> <p>(8) Request for any additional data to complete the medical, dental, mental health, and immunization histories</p> <p>(9) Orders for laboratory and/or diagnostic tests to detect communicable disease, including sexually transmitted diseases and tuberculosis</p> <p>(10) Other tests and examinations, as appropriate</p> <p>(11) Initiation of therapy, when appropriate</p> <p>(12) Development and implementation of a treatment plan, including recommendations concerning housing and program participation</p>	<p>6VAC35-51-800</p> <p>D. Each resident's health record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.</p>	<p><u>6VAC35-71-1020.</u> <u>Residents' health records.</u> A. Each resident's health record shall include documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician....</p>	<p><u>6VAC35-101-1030.</u> <u>Residents' health records.</u> A. Each resident's health record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the</p>	<p><u>6VAC35-41-1250.</u> <u>Residents' health records.</u> A. Each resident's health record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the</p>

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Tuberculosis	<p>JCC - 4C-23: Management of tuberculosis (TB) in juveniles includes procedures identified in the communicable-disease and infectious-disease-control program. In addition, the program for TB management shall include procedures for the following:</p> <p>(1) When and where juveniles are to be screened and tested</p> <p>(2) Treatment of latent tuberculosis infection and tuberculosis disease</p> <p>(3) Medical isolation, when indicated</p> <p>(4) Follow-up care, including arrangement with the applicable department of health for continuity of care if the juvenile is released prior to completion of therapy</p>		<p>6VAC35-71-950. Tuberculosis screening. A. Within seven days of placement, each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days. B. A screening assessment for tuberculosis shall be completed annually on each resident....</p>	<p>physician or as indicated by the needs of the resident.</p> <p>6VAC35-101-990. Tuberculosis screening. A. Within five days of admission to the facility each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days. B. A screening assessment for tuberculosis shall be completed annually on each resident.</p>	<p>physician or as indicated by the needs of the resident.</p> <p>6VAC35-41-1210. Tuberculosis screening. A. Within seven days of placement each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days. B. A screening assessment for tuberculosis shall be completed annually on each resident....</p>
Pharmaceuticals	<p>JCC - 4C-28: Management of pharmaceuticals shall include, at a minimum, the following provisions:</p> <p>(1) A formulary and a formalized method for obtaining non-formulary medications ...</p> <p>JDC - 3-JDF-4C-18. Written policy, procedure, and practice provide for the proper management of pharmaceuticals and address the following subjects:</p> <ul style="list-style-type: none"> a formulary specifically developed for the facility <p>prescription practices that requires (1) prescription practices, including requirements that psychotropic medications are prescribed only when clinically indicated as one facet or a</p>		<p>6VAC35-71-1070. Medication. A. All medication shall be properly labeled consistent with the requirements of the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia). Medication prescribed for individual use shall be so labeled.</p>	<p>6VAC35-101-1060. Medication. A. All medication shall be properly labeled consistent with the requirements of the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia). Medication prescribed for individual use shall be so labeled.</p>	<p>6VAC35-41-1280. Medication. A. All medication shall be properly labeled consistent with the requirements of the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia). Medication prescribed for individual use shall be so labeled.</p>

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	<p>program of therapy, (2) "stop order" time period are required for all medications, and (3) the prescribing provider reevaluates a prescription prior to its renewal</p> <p>GH – 3-JCRF-4C-08 Written policy, procedure, and practice provide that the program's health care plan adheres to state and federal laws and regulations regarding storage and distribution of medications.</p>				
			<p>6VAC35-71-1070. Medication. B. All medication shall be securely locked, except when otherwise ordered by a physician on an individual basis for keep-on-person or equivalent use.</p>	<p>6VAC35-101-1060. Medication. B. All medication shall be securely locked, except (i) as required by 6VAC35-101-1250 (delivery of medication in postdispositional programs) or (ii) if otherwise ordered by a physician on an individual basis for keep-on-person or equivalent use.</p>	<p>6VAC35-41-1280. Medication. B. All medication shall be securely locked, unless otherwise ordered by a physician on an individual basis for keep-on-person or equivalent use.</p>
Pharmaceuticals	<p>JCC - 4C-28: Management of pharmaceuticals shall include, at a minimum, the following provisions: (5) Administration of medication by qualified health care professionals or health trained personnel in accordance with state and federal law</p> <p>JDC - 3-JDF-4C-18. Written policy, procedure, and practice provide for the proper management of pharmaceuticals and address the following subjects: ...</p> <ul style="list-style-type: none"> administration of medication by persons properly trained and under the supervision of the 	<p>42-11-810 B. All staff responsible for medication administration shall have successfully completed a medication approved training program by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications before they can administer medication.</p>	<p>6VAC35-71-1070. Medication. C. All staff responsible for medication administration who do not hold a license issued by the Virginia Department of Health Professions authorizing the administration of medications shall successfully complete a medication training program approved by the Board of Nursing and receive annual refresher training as required before they can</p>	<p>6VAC35-101-1060. Medication. C. All staff responsible for medication administration who do not hold a license issued by the Virginia Department of Health Professions authorizing the administration of medications shall, in accordance with the provisions of § 54.1-3408 of the Code of Virginia, either (i) have successfully completed a</p>	<p>6VAC35-41-1280. Medication. C. All staff responsible for medication administration who do not hold a license issued by the Virginia Department of Health Professions authorizing the administration of medications shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the</p>

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	health authority and facility administrator or designee ...		<u>administer medication....</u>	<u>medication training program approved by the Board of Nursing or (ii) be licensed by the Commonwealth of Virginia to administer medications before they can administer medication. All staff who shall complete an annual refresher medication training....</u>	<u>Commonwealth of Virginia to administer medications before they can administer medication. All staff who shall complete an annual refresher medication training....</u>
			<u>6VAC35-71-1070.</u> <u>Medication.</u> <u>...E. A program of medication, including the procedures regarding the use of over-the-counter medication pursuant to written or verbal orders signed by personnel authorized by law to give such orders, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.</u> <u>...</u>	<u>6VAC35-101-1060.</u> <u>Medication.</u> <u>...E. A program of medication, including the procedures regarding the use of over-the-counter medication pursuant to written or verbal orders issued by personnel authorized by law to give such orders, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.</u>	<u>6VAC35-41-1280.</u> <u>Medication.</u> <u>...E. A program of medication, including the procedures regarding the use of over-the-counter medication pursuant to written or verbal orders signed by personnel authorized by law to give such orders, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.</u>
Survey: Procedures for medication incidents or adverse drug reactions (document and contact MD) –		<u>42-11-810</u> <u>G. In the event of a medication error or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as</u>	<u>6VAC35-71-1070.</u> <u>Medication.</u> <u>...H. In the event of a medication incident or an adverse drug reaction, first aid shall be administered if indicated. As addressed in the physician's standing orders, staff shall promptly contact a physician, nurse,</u>	<u>6VAC35-101-1060.</u> <u>Medication.</u> <u>...H. In the event of a medication incident or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse,</u>	<u>6VAC35-41-1280.</u> <u>Medication.</u> <u>...H. In the event of a medication incident or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse,</u>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
87.5% Meds administered in accord with orders – 87.50%		directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented.	pharmacist, or poison control center and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. A medical incident shall mean an error made in administering a medication to a resident including the following: (i) a resident is given incorrect medication; (ii) medication is administered to the incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at a wrong time or not at all; and (v) the medication is administered through an improper method. A medication incident does not include a resident's refusal of appropriately offered medication....	or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. A medical incident shall mean an error made in administering a medication to a resident including the following: (i) a resident is given incorrect medication; (ii) medication is administered to an incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at a wrong time or not at all; and (v) the medication is administered through an improper method. A medication error does not include a resident's refusal of appropriately offered medication....	or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. A medical incident shall mean an error made in administering a medication to a resident including the following: (i) a resident is given incorrect medication; (ii) medication is administered to an incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at a wrong time or not at all; and (v) the medication is administered through an improper method. A medication error does not include a resident's refusal of appropriately offered medication....
Pharmaceuticals	JCC - 4C-28: Management of pharmaceuticals shall include, at a minimum, the following provisions: (7) Accountability for documenting medication administration according to procedures approved by the health authority	42-11-810 F. A medication administration record shall be maintained of all medicines received by each resident and shall include: 1. Date the medication was prescribed; 2. Drug name; 3. Schedule for administration; 4. Strength;	6VAC35-71-1070. Medication. ...J. Medication refusals shall be documented including action taken by staff. The facility shall follow procedures for managing such refusals, which shall address: 1. Manner by which medication refusals are documented; and	6VAC35-101-1060. Medication. ...J. Medication refusals shall be documented including action taken by staff. The facility shall follow procedures for managing such refusals which shall address: 1. Manner by which medication refusals are documented; and	6VAC35-41-1280. Medication. ...J. Medication refusals shall be documented including action taken by staff. The facility shall follow procedures for managing such refusals that shall address: 1. Manner by which medication refusals are documented; and

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Pharmaceuticals Survey: Lock meds – 83.34%	JCC - 4C-28: Management of pharmaceuticals shall include, at a minimum, the following provisions: (8) Secure storage and perpetual inventory of all controlled substances, syringes, and needles JDC - 3-JDF-4C-18. Written policy, procedure, and practice provide for the proper management of pharmaceuticals and address the following subjects: <ul style="list-style-type: none"> • maximum security storage and periodic inventory of all controlled substances, syringes, and needles 	<p>5. Route; 6. Identity of the individual who administered the medication; and 7. Dates the medication was discontinued or changed.</p> <p>42-11-810 A. All medication shall be securely locked and properly labeled. 42-11-810 K. Syringes and other medical implements used for injecting or cutting skin shall be locked.</p>	<p>2. <u>Physician follow-up, as appropriate....</u></p> <p>6VAC35-71-1070. <u>Medication.</u> ...M. Syringes and other medical implements used for injecting or cutting skin shall be locked and inventoried in accordance with facility procedures.</p>	<p>2. <u>Physician follow-up, as appropriate....</u></p> <p>6VAC35-101-1060. <u>Medication.</u> ...M. Syringes and other medical implements used for injecting or cutting skin shall be locked and inventoried in accordance with facility procedures.</p>	<p>2. <u>Physician follow-up, as appropriate....</u></p> <p>6VAC35-41-1280. <u>Medication.</u> ...M. Syringes and other medical implements used for injecting or cutting skin shall be locked and inventoried in accordance with facility procedures.</p>
Health Authority	JCC - 4C-34: The facility has a designated health authority with responsibility for ongoing health care services pursuant to a written agreement, contract, or job description. Such responsibilities shall include the following: (1) Defining the scope of health care services (2) Developing a facility's operational health policies and procedures (3) Developing mechanisms, including written agreements, when necessary, to assure that the scope of services is provided and properly monitored The health authority may be a	<p>35-140-460 A physician, health administrator or health agency shall be designated the health authority responsible for arranging all levels of health care, consistent with law and medical ethics.</p>	<p>6VAC35-71-880. Local health authority. A physician, health administrator, government authority, health care practitioner, supervising registered nurse or head nurse, or health agency shall be designated the local health authority responsible for organizing, planning, and monitoring the timely provision of appropriate health care services, including arrangements for the ensuring of quality and</p>	<p>6VAC35-101-930. Health authority. The facility administrator shall designate a physician, nurse, nurse practitioner, government authority, health administrator, health care contractor, or health agency to serve as the facility's health authority responsible for organizing, planning, and monitoring the timely provision of appropriate health care services, including arrangements</p>	

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	<p>physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgment rests with a single, designated, responsible physician. The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program.</p> <p>JDC - 3-JDF-4C-01. Written policy, procedure, and practice provide that the facility has a designated health authority with responsibility for health care pursuant to a written agreement, contract, or job description. The health authority may be a physician, health administrator, or health agency. When the authority is other than a physician, final medical judgments rest with a single designated physician.</p> <p>GII - 3-JCRF-4C-01. Written policy, procedure, and practice provide that the facility has a designated health authority with responsibility for health care pursuant to a written agreement, contract, or job description. The health authority may be a physician, health administrator, or health agency.</p>		<p><u>accessibility of all health services, including medical, nursing, dental, and mental health care, consistent with applicable statutes, prevailing community standards, and medical ethics. All medical, psychiatric, dental, and nursing matters are the province of the physician, dentist, and nurse, respectively.</u></p>	<p><u>for all levels of health care and the ensuring of quality and accessibility of all health services, consistent with applicable statutes and regulations, prevailing community standards, and medical ethics.</u></p>	
Medical Restraints	<p>JCC 4C-47: Guidelines regarding the use of restraints on juveniles for medical and mental health purposes at a minimum shall include: (1) Conditions under which restraints may be applied</p>		<p>6VAC35-71-1200. <u>Restraints for medical and mental health purposes.</u> <u>Written procedure shall govern the use of restraints for medical and mental</u></p>	<p>6VAC35-101-1150. <u>Restraints for medical and mental health purposes.</u> <u>Written procedure shall govern the use of</u></p>	

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	<p>(2) Types of restraints to be applied</p> <p>(3) Identification of a qualified medical or mental health professional and health care practitioner who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not successful</p> <p>(4) Monitoring procedures</p> <p>(5) Length of time restraints are to be applied</p> <p>(6) Less-restrictive treatment plan alternatives are developed and implemented as soon as possible</p> <p>(7) After-incident review</p>		<p>health purposes. <u>Written procedure should identify the authorization needed; when, where, and how restraints may be used; for how long; and what type of restraint may be used.</u></p>	<p>restraints for medical and mental health purposes. <u>Written procedure shall identify the authorization needed; when, where, and how restraints may be used; for how long; and what type of restraint may be used.</u></p>	
	<p>JCC - 4C-54: Designated direct-care staff and all health-care staff are trained to respond to health-related situations within a four-minute response time. The training program, established by the responsible health authority in cooperation with the facility administrator, is conducted on an annual basis to assure staff readiness and shall include at a minimum the following:</p> <p>(1) Recognition of signs and symptoms and knowledge of action required in potential emergency situations</p> <p>(2) recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal</p> <p>(3) Methods of obtaining assistance</p> <p>(4) Administration of basic first aid and certification in performing cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization</p> <p>(5) Suicide prevention</p> <p>(6) Procedures for patient transfers to appropriate medical facilities or</p>		<p>6VAC35-71-170. Retraining. <u>...D. All direct care staff shall receive training sufficient to maintain a current certification in first aid and cardiopulmonary resuscitation....</u></p>	<p>6VAC35-101-900. Staffing pattern. <u>...D. At all times, there shall be no less than one direct care staff member with current certifications in standard first aid and cardiopulmonary resuscitation on duty for every 16 residents, or portion thereof, being supervised by staff....</u></p>	<p>6VAC35-41-920. Staff supervision of residents. <u>...E. Whenever residents are being supervised by staff there shall be at least one staff person present with a current basic certification in standard first aid and a current certificate in cardiopulmonary resuscitation issued by a recognized authority....</u></p>

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	<p>community-health-service providers</p> <p>JDC - 3-JDF-4C-27. Written policy, procedure, and practice provide that juvenile careworker staff and other personnel are trained to respond to health-related situations within a four-minute response time. A training program is established by the responsible health authority in cooperation with the facility administrator that includes the following:</p> <ul style="list-style-type: none"> • recognition of signs and symptoms and knowledge of action required in potential emergency situations • administration of first aid and cardiopulmonary resuscitation (CPR) • methods of obtaining assistance • signs and symptoms of mental illness, retardation, and chemical dependency • procedures for patient transfers to appropriate medical facilities or health care providers 				
Mental Health Screen	<p>GH 3-JCRF-4C-15 (Same)</p> <p>JCC - 4D-02: All juveniles (both intersystem and intrasystem transfers) receive an initial mental health screening at the time of admission to the facility by a qualified mental health care professional or mental health care trained personnel. The mental health screening includes but is not limited to the following:</p> <p>Inquiry into:</p> <ol style="list-style-type: none"> (1) History of self-injurious and/or suicidal behavior (2) History of inpatient and outpatient psychiatric treatment (3) History of alcohol and other drug 			<p>6VAC35-101-820. <u>Mental health screening.</u> <u>A. Each resident shall</u> <u>undergo a mental health</u> <u>screening, as required by</u> <u>§ 16.1-248.2 of the Code</u> <u>of Virginia, administered</u> <u>by trained staff, to</u> <u>ascertain the resident's</u> <u>suicide risk level and need</u> <u>for a mental health</u> <u>assessment. Such</u> <u>screening shall include</u> <u>the following:</u> <u>1. A preliminary mental</u> <u>health screening, at the</u></p>	

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	<p>use</p> <p>(4) History of treatment for alcohol and other drug use</p> <p>(5) Current suicidal ideation</p> <p>(6) Current mental health complaint</p> <p>(7) Current treatment for mental health problems</p> <p>(8) Current prescribed psychotropic medication</p> <p>Observations of:</p> <p>(9) General appearance and behavior</p> <p>(10) Evidence of abuse or trauma</p> <p>(11) Current symptoms of psychosis, depression, anxiety, and/or aggression</p> <p>Disposition of juvenile:</p> <p>(12) Cleared for general population</p> <p>(13) Cleared for general population with appropriate referral to mental health care service</p> <p>(14) Referral to appropriate mental health care service for emergency intervention</p>		<p><u>time of admission, consisting of a structured interview and observation as provided in facility procedures; and</u></p> <p><u>2. The administration of an objective mental health screening instrument within 48 hours of admission....</u></p>		
<p>Suicide Prevention and Intervention</p> <p>Survey: Procedure and training on suicide prevention and intervention – 87.98%</p>	<p>JCC - 4D-07: There is a written suicide prevention program approved by the designated health and mental health authority and reviewed by the facility or program administrator. The program includes specific procedures and documentation for performing intake, screening, identifying, and supervising suicide-prone juveniles and is reviewed and signed annually. The program includes management of suicidal incidents, suicide watch, death of a juvenile or staff member, and staff and juvenile critical-incident debriefing. It ensures a review of critical incidents by the administration and health services. All staff with responsibility for juvenile supervision are trained on an annual basis in the</p>		<p>6VAC35-71-805. Suicide prevention. <u>Written procedure shall provide that (i) there is a suicide prevention and intervention program developed in consultation with a qualified medical or mental health professional and (ii) all direct care staff are trained and retrained in the implementation of the program.</u></p>	<p>6VAC35-101-1020. Suicide prevention. <u>Written procedure shall provide for (i) a suicide prevention and intervention program developed in consultation with a qualified medical or mental health professional and (ii) all direct care staff to be trained and retrained in the implementation of the program.</u></p>	<p>6VAC35-41-1240. Suicide prevention. <u>Written procedure shall provide (i) for a suicide prevention and intervention program, developed in consultation with a qualified medical or mental health professional, and (ii) for all direct care staff to be trained in the implementation of the program.</u></p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
	<p>implementation of the program. Training should include but not be limited to the following:</p> <ul style="list-style-type: none"> (1) Identifying the warning signs and symptoms of suicidal behavior (2) Understanding the demographic and cultural parameters of suicidal behavior, including incidence and precipitating factors (3) Responding to suicidal and depressed juveniles (4) Improving communication between correctional and health care personnel (5) Understanding referral procedures (6) Understanding any special housing, juvenile observations, and suicide watch-level procedures and requirements (7) Follow-up monitoring of juveniles who make a suicide attempt. <p>JDC - 3-JDF-4C-35. There is a written suicide prevention and intervention program that is reviewed and approved by a qualified medical or mental health professional. All staff with responsibility for juvenile supervision are trained in the implementation of the program.</p> <p>GH - 3-JCRF-4C-06. There is a written suicide prevention and intervention program that is reviewed and approved by a qualified medical or mental health professional. All staff with responsibility for juvenile supervision are trained in the implementation of the program.</p>				
Survey: Removal of staff from		42-11-260 A. The provider or the regulatory authority may require a report of		6VAC35-101-260. Physical or mental health of personnel. When an individual poses	6VAC35-41-260. Physical or mental health of personnel. When an individual poses

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
duty when a threat to health or safety – 85.3%		<p>examination by a licensed physician or mental health professional when there are indications that an individual's physical, mental, or emotional health may jeopardize the care of residents.</p> <p>42-11-260</p> <p>B. An individual who is determined by a licensed physician or mental health professional to show an indication of a physical or mental condition that may jeopardize the safety of residents or that would prevent the performance of duties shall be removed immediately from contact with residents and food served to residents until the condition is cleared as evidenced by a signed statement from the physician or mental health professional.</p>		<p>a direct threat to the health and safety of a resident, others at the facility, or the public or is unable to perform essential job-related functions, that individual shall be removed immediately from all duties involved in the direct care or direct supervision of residents.</p> <p>The facility may require a medical or mental health evaluation to determine the individual's fitness for duty prior to returning to duties involving the direct care or direct supervision of residents. The results of any medical information or documentation of any disability-related inquiries shall be maintained separately from the employee's personnel records maintained in accordance with 6VAC35-101-310 (personnel records). For the purpose of this section a direct threat means a significant risk of substantial harm.</p>	<p>a direct threat to the health and safety of a resident, others at the facility, or the public or is unable to perform essential job-related functions, that individual shall be removed immediately from all duties involved in the direct care or direct supervision of residents.</p> <p>The facility may require a medical or mental health evaluation to determine the individual's fitness for duty prior to returning to duties involving the direct care or direct supervision of residents. The results of any medical information or documentation of any disability-related inquiries shall be maintained separately from the employee's personnel records maintained in accordance with 6VAC35-41-310 (personnel records). For the purpose of this section a direct threat means a significant risk of substantial harm.</p>
Survey: Corporal		<p>42-11-880</p> <p>The following actions are prohibited:</p> <p>1. Deprivation of drinking water or food necessary to meet a</p>	<p>6VAC35-71-550</p> <p>Prohibited actions.</p> <p>Residents shall not be subjected to the following actions:</p>	<p>6VAC35-101-650</p> <p>Prohibited actions</p> <p>A. The following actions are prohibited:</p> <p>1. Discrimination in</p>	<p>6VAC35-41-560</p> <p>Prohibited actions</p> <p>The following actions are prohibited:</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
punishment – 100% Discrimination – 86.21% Laxatives/ Enemas – 97.55% Deprive of food/ water – 90% Humiliating acts – 96.43% Deprive of sleep – 89.28% Aversive stimuli – 96.55% Deprive of bathing – 93/10% Deny health care – 89.65% Unsanitary living conditions – 96.55% Pharmacological restraints – 89.66% Denial of contact with attorney – 75%	resident's daily nutritional needs, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record; 2. Limitation on contacts and visits with the resident's attorney, a probation officer, regulators, or placing agency representative; 3. Bans on contacts and visits with family or legal guardians, except as permitted by other applicable state regulations or by order of a court of competent jurisdiction; 4. Delay or withholding of incoming or outgoing mail, except as permitted by other applicable state and federal regulations or by order of a court of competent jurisdiction; 5. Any action that is humiliating, degrading, or abusive; 6. Corporal punishment; 7. Subjection to unsanitary living conditions; 8. Deprivation of opportunities for bathing or access to toilet facilities, except as ordered by a licensed physician for a legitimate medical purpose and documented in the	1. Discrimination in violation of the Constitution of the United States, the Constitution of the Commonwealth of Virginia, and state and federal statutes and regulations. 2. Deprivation of drinking water or food necessary to meet a resident's daily nutritional needs, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record; 3. Denial of contacts and visits with the resident's attorney, a probation officer, the regulatory authority, a supervising agency representative, or representatives of other agencies or groups as required by applicable statutes or regulations; 4. Any action that is humiliating, degrading, or abusive, or unreasonably impinges upon the residents' rights including, but not limited to, any form of physical abuse, sexual abuse, or sexual harassment; 5. Corporal punishment, which is administered through the intentional inflicting of pain or discomfort to the body through actions such as, but not limited to (i) striking or hitting with any part of the body or with an implement; (ii)	violation of the Constitution of the United States, the Constitution of the Commonwealth of Virginia, and state and federal statutes and regulations. 2. Deprivation of drinking water or food necessary to meet a resident's daily nutritional needs, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record; 3. Denial of contacts and visits with the resident's attorney, a probation officer, the regulatory authority, a supervising agency representative, or representatives of other agencies or groups as required by applicable statutes or regulations; 4. Any action that is humiliating, degrading, or abusive, including, but not limited to, any form of physical abuse, sexual abuse, or sexual harassment ; 5. Corporal punishment, which is administered through the intentional inflicting of pain or discomfort to the body through actions such as, but not limited to (i) striking or hitting with any part of the body or with an implement; (ii)	1. Discrimination in violation of the Constitution of the United States, the Constitution of the Commonwealth of Virginia, and state and federal statutes and regulations. 2. Deprivation of drinking water or food necessary to meet a resident's daily nutritional needs, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record; 3. Denial of contacts and visits with the resident's attorney, a probation officer, the department, regulatory authority, a supervising agency representative, or representatives of other agencies or groups as required by applicable statutes or regulations; 4. Bans on contacts and visits with family or legal guardians, except as permitted by other applicable state regulations or by order of a court of competent jurisdiction; 5. Any action that is humiliating, degrading, or abusive including, but not limited to, physical abuse, sexual abuse, and sexual harassment; 6. Corporal punishment;	

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed ICC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
		<p>resident's record;</p> <p>9. Deprivation of health care;</p> <p>10. Deprivation of appropriate services and treatment;</p> <p>11. Application of aversive stimuli, except as permitted pursuant to other applicable state regulations;</p> <p>12. Administration of laxatives, enemas, or emetics, except as ordered by a licensed physician or poison control center for a legitimate medical purpose and documented in the resident's record;</p> <p>13. Deprivation of opportunities for sleep or rest, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record; and</p> <p>14. Limitation on contacts and visits with advocates employed by the Department of Mental Health, Mental Retardation and Substance Abuse Services or the Virginia Office for Protection and Advocacy.</p>	<p>(ii) pinching, pulling, or shaking; or (iii) any similar action that normally inflicts pain or discomfort;</p> <p>6. Subjection to unsanitary living conditions;</p> <p>7. Deprivation of opportunities for bathing or access to toilet facilities, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;</p> <p>8. Denial of health care;</p> <p>9. Denial of appropriate services, programs, activities, and treatment;</p> <p>10. Application of aversive stimuli, except as provided in this chapter or permitted pursuant to other applicable state regulations. Aversive stimuli means any physical forces (e.g., sound, electricity, heat, cold, light, water, or noise) or substances (e.g., hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity that when applied to a resident are noxious or painful to the individual resident;</p> <p>11. Administration of laxatives, enemas, or emetics, except as ordered by a licensed physician or poison control center for a legitimate medical purpose and documented in the resident's record;</p> <p>12. Deprivation of</p>	<p>pinching, pulling, or shaking; or (iii) any similar action that normally inflicts pain or discomfort;</p> <p>6. Subjection to unsanitary living conditions;</p> <p>7. Deprivation of opportunities for bathing or access to toilet facilities, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;</p> <p>8. Denial of health care;</p> <p>9. Denial of appropriate services and treatment;</p> <p>10. Application of aversive stimuli, except as permitted pursuant to other applicable state regulations; aversive stimuli means any physical forces (e.g., sound, electricity, heat, cold, light, water, or noise) or substances (e.g., hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity that when applied to a resident are noxious or painful to the individual</p> <p>11. Administration of laxatives, enemas, or emetics, except as ordered by a licensed physician or poison control center for a legitimate medical</p>	<p>which is administered through the intentional inflicting of pain or discomfort to the body through actions such as, but not limited to (i) striking or hitting with any part of the body or with an implement; (ii) pinching, pulling, or shaking; or (iii) any similar action that normally inflicts pain or discomfort;</p> <p>7. Subjection to unsanitary living conditions;</p> <p>8. Denial of opportunities for bathing or access to toilet facilities, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;</p> <p>9. Denial of health care;</p> <p>10. Deprivation of appropriate services and treatment;</p> <p>11. Application of aversive stimuli, except as permitted pursuant to other applicable state regulations. Aversive stimuli means any physical forces (e.g., sound, electricity, heat, cold, light, water, or noise) or substances (e.g., hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity that when</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
			<p><u>opportunities for sleep or rest, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;</u></p> <p><u>13. Use of pharmacological restraints;</u></p> <p><u>14. Other constitutionally prohibited actions...</u></p>	<p><u>purpose and documented in the resident's record;</u></p> <p><u>12. Deprivation of opportunities for sleep or rest, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;</u></p> <p><u>13. Use of pharmacological restraints ; and</u></p> <p><u>14. Other constitutionally prohibited actions...</u></p>	<p><u>applied to a resident are noxious or painful to the individual. ;</u></p> <p><u>12. Administration of laxatives, enemas, or emetics, except as ordered by a licensed physician or poison control center for a legitimate medical purpose and documented in the resident's record;</u></p> <p><u>13. Deprivation of opportunities for sleep or rest, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;</u></p> <p><u>14. Placement of a resident alone in a locked room or a secured area where the resident is prevented from leaving;</u></p> <p><u>15. Use of mechanical restraints (e.g., handcuffs, waist chains, leg irons, disposable plastic cuffs, leather restraints, or a restraint chair);</u></p> <p><u>16. Use of pharmacological restraints; and</u></p> <p><u>17. Other constitutionally prohibited actions.</u></p>
Survey – CPS reporting 92.15 Procedures for		<p>42-11-1030</p> <p>C. Any case of suspected child abuse or neglect occurring at the facility, on a facility-sponsored event or excursion, or involving facility staff shall be</p>	<p>6VAC35-71-70. Suspected child abuse or neglect.</p> <p>...B. Any case of suspected child abuse or neglect occurring at the JCC, occurring on a JCC sponsored event or</p>	<p>6VAC35-101-80. Serious incident reports.</p> <p>A. The following events shall be reported ,in accordance with department procedures, within 24</p>	<p>6VAC35-41-90. Serious incident reports.</p> <p>A. The following events shall be reported within 24 hours to: (i) the placing agency, (ii) the parent or legal guardian,</p>

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
handling, reporting, and cooperating, and taking protective action – 87.27%		reported immediately (i) to the regulatory authority and placing agency and (ii) to either the resident's parent or legal guardian, or both, as appropriate. 42-11-1030 D. When a case of suspected child abuse or neglect is reported to child protective services, the resident's record shall include: 1. The date and time the suspected abuse or neglect occurred; 2. A description of the suspected abuse or neglect; 3. Action taken as a result of the suspected abuse or neglect; and 4. The name of the person to whom the report was made at the local child protective services unit.	excursion, or involving JCC staff shall be reported within 24 hours, in accordance with written procedures, to (i) the director or his designee, (ii) the court services unit, and (iii) the resident's parent or legal guardian, as appropriate and applicable....	hours to (i) the applicable court service unit; (ii) either the parent or legal guardian, as appropriate and applicable; and (iii) the director or designee: 1. Any serious incident, accident, illness, or injury to the resident; 2. Any overnight absence from the facility without permission; 3. Any runaway; 4. Any fire, hostage or emergency situation, or natural disaster that jeopardizes the health, safety, and welfare of the residents; and 5. Any suspected case of child abuse or neglect at the facility, on a facility event or excursion, or involving facility staff as provided in 6VAC35-41-100 (suspected child abuse or neglect). The 24 - hour reporting requirement may be extended when the emergency situation or natural disaster has made such communication impossible (e.g., modes of communication are not functioning). In such cases, notice shall be provided as soon as feasible thereafter.	or both, as applicable and appropriate, and (iii) the director or designee: 1. Any serious incident, accident, illness, or injury to the resident; 2. Any overnight absence from the facility without permission; 3. Any runaway; 4. Any fire, hostage or emergency situation, or natural disaster that jeopardizes the health, safety, and welfare of the residents; and 5. Any suspected case of child abuse or neglect at the facility, on a facility event or excursion, or involving facility staff as provided in 6VAC35-41-100 (suspected child abuse or neglect). The 24 - hour reporting requirement may be extended when the emergency situation or natural disaster has made such communication impossible (e.g., modes of communication are not functioning). In such cases, notice shall be provided as soon as feasible thereafter.
Initial training on mandatory reporting – 77.27%					
Documentation of abuse and neglect – 84.32%					
Survey: Background check required – 85.42%			6VAC35-71-140. Background checks. A. Except as provided in subsection B, all persons who (i) accept a position of employment or (ii) provide	6VAC35-101-170. Employee and volunteer background checks. A. Except as provided in subsection B, all persons who (i) accept a position	6VAC35-41-180. Employee and volunteer background checks. A. Except as provided in subsection, all persons who (i) accept a position

Topic	ACA Mandatory Standard	Current Mandatory Standard	Proposed JCC regulatory requirement	Applicable to Detention Centers	Applicable to Group Homes
			<p><u>contractual services directly to a resident on a regular basis and will be alone with a resident in the performance of their duties in a JCC shall undergo the following background checks, in accordance with § 63.2-1726 of the Code of Virginia, to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of residents in the JCC:</u></p> <ol style="list-style-type: none"> <u>1. A reference check;</u> <u>2. A criminal history record check;</u> <u>3. Fingerprint checks with the Virginia State Police and Federal Bureau of Investigation (FBI);</u> <u>4. A central registry check with Child Protective Services; and</u> <u>5. A driving record check, if applicable to the individual's job duties....</u> 	<p><u>of employment at, (ii) volunteer on a regular basis and will be alone with a resident in the performance of their duties, or (iii) provide contractual services directly to a resident on a regular basis and will be alone with a resident in the performance of their duties in a juvenile residential facility shall undergo the following background checks, in accordance with § 63.2-1726 of the Code of Virginia, to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of residents in the facility:....</u></p>	<p><u>of employment at, (ii) volunteer on a regular basis and will be alone with a resident in the performance of their duties, or (iii) provide contractual services directly to a resident on a regular basis and will be alone with a resident in the performance of their duties in a juvenile residential facility shall undergo the following background checks, in accordance with § 63.2-1726 of the Code of Virginia, to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of residents in the facility:....</u></p>

DEPARTMENT OF JUVENILE JUSTICE REGULATORY UPDATE

November 13, 2013

6VAC35-20 Regulations Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs

Stage: Regulatory Process is completed.

Status: Effective September 25, 2013.

Next Step:

✓ None.

**6VAC35-41 Regulation Governing Juvenile Group Homes and Halfway Houses
6VAC35-71 Regulation Governing Juvenile Correctional Centers
6VAC35-101 Regulation Governing Juvenile Secure Detention Centers**

Stage: Final Stage is completed; pending effective date.

Status: These regulations will become effective on January 1, 2014. They will supersede the following regulations: 6VAC35-140 (Standards for Juvenile Residential Facilities) and 6VAC35-51 (Standards for Interim Regulation of Children's Residential Facilities).

Next Step:

✓ None.

**6VAC35-51 Standards for Interim Regulation of Children's Residential Facilities
6VAC35-140 Standards for Juvenile Residential Facilities**

Stage: Requesting a NOIRA.

Status: The Board regulates three types of facilities (juvenile correctional centers, juvenile secure detention centers, and juvenile group homes) that are governed by two sets of regulations (6VAC35-140 and 6VAC35-51). On January 1, 2014, 6VAC35-41 (Regulation Governing Juvenile Group Homes and Halfway Houses), 6VAC35-71 (Regulation Governing Juvenile Correctional Centers), 6VAC35-101 (Regulation Governing Juvenile Secure Detention Centers) will become effective. These chapters replace 6VAC35-51 and 6VAC35-140 for all residential facilities regulated by the Board. As such, the regulatory process is being initiated to repeal these chapters.

Next Step:

✓ None.

6VAC35-160 Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System

Stage: Requesting for NOIRA (Standard Regulatory Process).

Status: The last comprehensive review of this regulation was completed on February 9, 2005. As required by statute and Executive Order, this regulation is currently subject to a periodic review. This regulation was open for public comment through July 8, 2011. Eight public

comments were received. The Department convened a multi-disciplinary committee to review the regulations. Amendments were recommended by the committee. At the September 27, 2011 Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation.

Next Step:

✓ The NOIRA will undergo an Executive Branch review and will be subject to a 30-day public comment period.

6VAC35-180

Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice

Stage: Request for NOIRA (Standard Regulatory Process).

Status: The last comprehensive review of this regulation was completed on February 9, 2005. As required by statute and Executive Order, this regulation is currently subject to a periodic review. This regulation was open for public comment through July 8, 2011. Eight public comments were received. The Department convened a multi-disciplinary committee to review the regulations. Amendments were recommended by the committee. At the September 27, 2011 Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation.

Next Step:

✓ The NOIRA will undergo an Executive Branch review and will be subject to a 30-day public comment period.



Virginia Department of Juvenile Justice

Division of Education

Mission

The Division of Education provides quality educational programs that enable committed juveniles to become responsible, productive, tax-paying members of their communities.



Virginia Department of Juvenile Justice

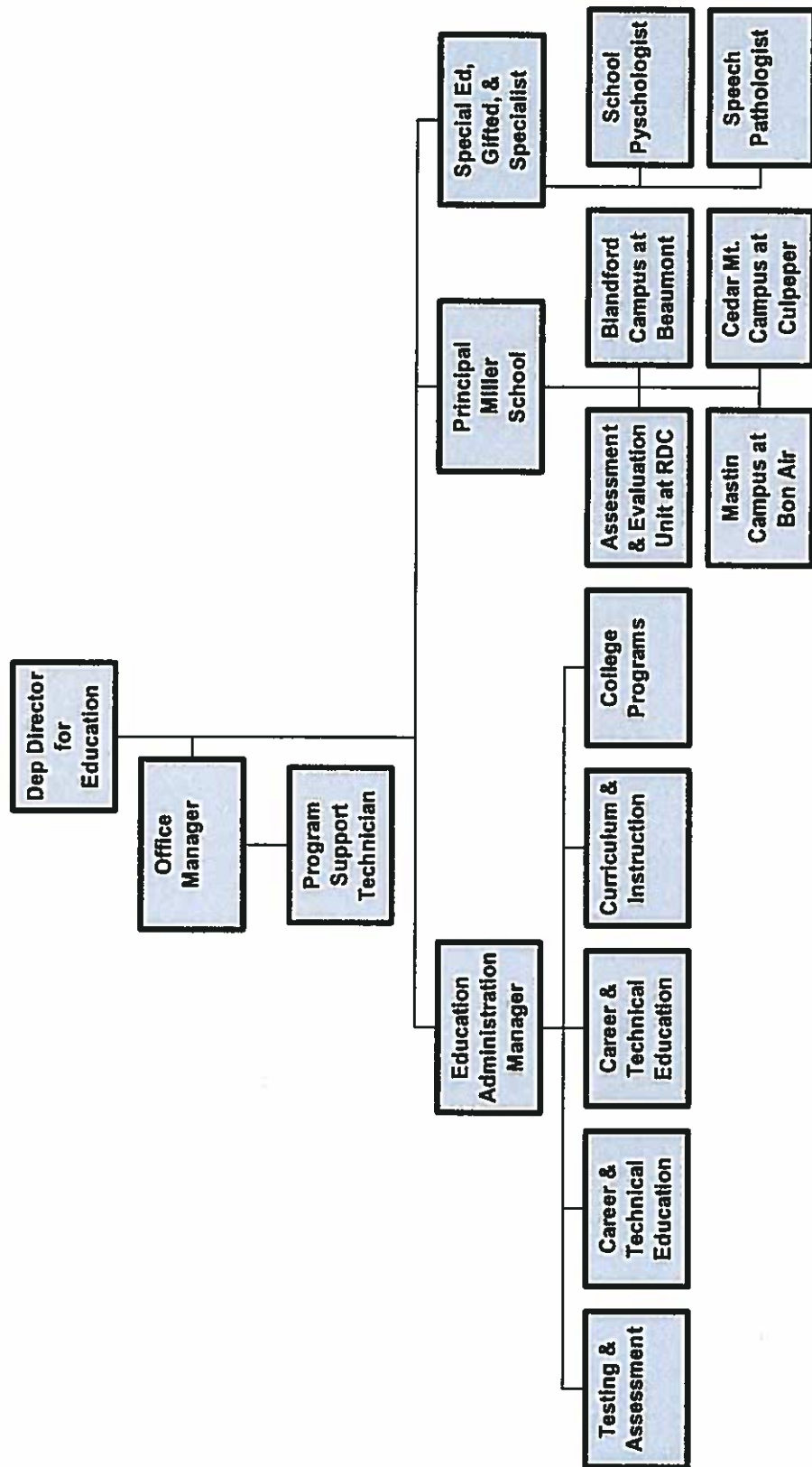
Division of Education

- **Statutory Enactment:** The 2012 session of the General Assembly enacted HB 1291 and SB 678 abolished the Department of Correctional Education (DCE) and the Board of Correctional Education and merged DCE's juvenile academic and technical education requirements to the Department of Juvenile Justice.
 - The Division of Education is considered a Local Education Agency (LEA) which affords students the opportunity to continue their pursuit of a high school diploma.
- **2013 Rededication:** Effective August 26, 2013, the campus schools were renamed the *Yvonne B. Miller High School* with the Blandford Campus at Beaumont JCC, Mastin Campus at Bon Air JCC, and Cedar Mountain Campus at Culpeper JCC.
 - The *Yvonne B. Miller High School* adheres to the Virginia Department of Education's accreditation and graduation requirements.
 - All administrators, academic teachers, and career and technical education teachers must meet state certification and endorsement criteria.
 - 41% of students are eligible to receive special education services. The majority of the determinations are in the areas of emotional disturbances and learning disabilities.



Virginia Department of Juvenile Justice

Education Division





Virginia Department of Juvenile Justice

Division of Education Academic Programs

The Division of Education offers the following middle and high school courses:

Course Offerings	Middle School Students	High School Students
English	Grades 6 through 8	Grades 9 through 12
Mathematics	Grades 6 through 8	Algebra 1 Geometry Algebra 2
Science	Science 6, Life Science, Physical Science	Earth Science Biology 1 Biology 2 Chemistry
History and Social Science	US History to 1865 US History 1865 - Present Civics and Economics	World History I World History II Virginia/United States' History Government
Health and Physical Education	Grades 6 through 8	Grade 9 Health/Driver's Education 10
Exploratory Courses	Career Exploration and Developmental Reading	
Resource		English, math, social studies, and science courses

In addition to these courses, the Division of Education provides:

Statewide assessments; Special education services, Library Services, Advanced Diplomas, Individual Student Alternative Education Plans, and GED Programs.



Virginia Department of Juvenile Justice

Division of Education Career and Technical Education Programs

The Division of Education offers the following CTE program:

- Art
- Music
- Developmental Reading
- Personal Development
- Economics and Personal Finance
- Barbering
- Beauty Salon Assistant
- Business Education
- Career Pathways
- Commercial & Residential Cleaning
- Culinary Arts
- Graphic Design
- Horticulture
- Marketing

The Division of Education is implementing Certified Training Programs (C-TECH), a training program that offers post secondary students an opportunity to earn a credential in telecommunications, copper based networks, and fiber optic networks.



Virginia Department of Juvenile Justice

Division of Education Additional Offerings

- **Russian Literature Course:** Since the 2011-2012 School Year, post secondary students at Beaumont have participated in a Russian literature class led by a Professor from the University of Virginia and his interns. The semester long classes have enabled students to read and discuss books such as "*War and Peace*" and "*Crime and Punishment*".
- **Virginia Commonwealth University (VCU) tutors:** As a course requirement, VCU undergraduate students enrolled in the Youth In Corrections Course, must volunteer in the DJJ schools. The VCU students spend a minimum of 30 hours during the semester tutoring students at the two campuses in the Richmond metro area.